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STATE RESOURCES AND SERVICES
for
ALCOHOL AND DRUG ABUSE PROBLEMS
Fiscal Year 1984

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A Report For The
National Institute on Alcohol Abuse and Alcoholism
and the
National Institute on Drug Abuse

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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An Analysis of State Alcohol and Drug Abuse Profile Data

by
William Butynski, Ph.D.
Nancy Record
JoLynn Yates
National Association of State Alcohol and Drug Abuse
Directors, Inc.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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5600 Fishers Lane
Rockville, Maryland 20857

This Report was developed in part under contract No. ADM 271-84-7314 from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). William Butynski, Ph.D., is Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and Nancy Record and JoLynn Yates are NASADAD staff members. Patricia Reed (NIAAA) and George Kanuck (NIDA) were project officers. The alcohol and drug agencies in all 50 States, the District of Columbia, and Puerto Rico provided data and other statistical information upon which the Report is based. A number of staff persons from both Institutes also reviewed and made comments on various drafts of the Report.

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HIGHLIGHTS

The State alcohol and drug abuse agencies voluntarily submit a broad spectrum of fiscal, client and other service data to the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). With financial support from the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), NASADAD staff analyzed Fiscal Year (FY) 1984 data reported by the States. The highlights from the findings which apply to those programs that received "at least some funds administered by the State alcohol/drug agency" follow:

- Allocations for alcohol and drug abuse treatment and prevention services totaled over $1.3 billion.
- States provided $666.9 million or 49.5 percent of the total funding, while Federal sources contributed $278.5 million or 20.7 percent, county or local sources contributed $130.1 million or 9.7 percent and other sources (e.g., private health insurance and client fees) contributed $271.2 million or 20.1 percent.
- Approximately 78.6 percent of the total monies was allocated for treatment services, 13.1 percent for prevention services and 8.2 percent for other services.
- A total of 46 States, the District of Columbia and Puerto Rico reported alcohol client admissions of over 1.0 million to a total of 3,943 treatment units; nearly 84 percent of the client admissions were to non-hospital treatment units.
- Alcohol client treatment admissions were 80 percent male, 3.3 percent under age 18 and 74.8 percent White.
- A total of 43 States, the District of Columbia and Puerto Rico reported drug client admissions of over 272,000 to a total of 2,505 treatment units; 76 percent of the client admissions were for outpatient services.
- Drug client admissions were 69 percent male, 12.4 percent under age 18, 61.7 percent White, 23.9 percent Black and 12.7 percent Hispanic.

The highlights from the findings which apply to all programs that are known to the States irrespective of whether or not they received "funds administered by the State" follow:

- A total of at least 40 State agencies provided estimates on prevention, intoxicated driver and employee assistance program services as follows:
  - prevention: a total of 2,597 school-based and 3,612 other than school-based prevention programs serve nearly 6.7 million persons annually
  - intoxicated driver: a total of 2,551 intoxicated driver projects serve over 860,000 intoxicated drivers annually
  - employee assistance: more than one-half of the State agencies responding reported that all or nearly all State employees had access to an EAP and approximately 1 to 3 percent of eligible employees generally received client services.
- Ninety-eight percent of the respondents reported that an unmet need exists within their State for treatment services; 96 percent indicated that an unmet need exists for prevention services. Populations identified by various States as requiring increased services include youth, women, Hispanics, Native Americans and intoxicated drivers as well as other criminal offenders.

EXECUTIVE SUMMARY

In September of 1984 the National Institute on Drug Abuse (NIDA), with support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), entered into a three year contractual relationship with the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to ensure the continued availability and analysis of data from the States. The contract provides support for the analysis of data voluntarily submitted by the States from existing sources of information on alcohol and drug abuse funding and services . This cooperative Federal-State data effort responds to recent Congressional mandates and ensures that the Institutes and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) will have the information necessary to exercise a strong national leadership role with regard to alcohol and drug abuse program needs and services. This report presents and analyzes the results of the State Alcohol and Drug Abuse Profile (SADAP) data for the States' 1984 Fiscal Year (FY). All of the 50 States, the District of Columbia and Puerto Rico cooperated and contributed information on resources, services and needs related to alcohol and drug abuse problems within their States. The remaining information in this Executive Summary is categorized into the following six areas: funding levels and sources; client admission characteristics; special focus areas; unmet needs for treatment and/or prevention services; significant changes in treatment and/or prevention services; and conclusions.

Funding Levels and Sources

The total monies reported as allocated within all 50 States, the District of Columbia and Puerto Rico for alcohol and drug services in those programs receiving at least some State administered funds during each State's 1984 Fiscal Year (FY) were $1.3 billion. This total includes $610.1 million (45.3 percent) from State alcohol and drug agency sources, $56.8 million (4.2 percent) from other State sources, $251.4 million (18.7 percent) from the ADMS Block Grant, $27.1 million (2.0 percent) from other Federal sources, $130.1 million (9.7 percent) from county and local sources and $271.2 million (20.1 percent) from other sources (e.g., reimbursements from private health insurance, client fees, or assessments for treatment imposed on intoxicated drivers).

It should be emphasized that the data provided do not include information on those programs that do not receive any funding from the State alcohol and drug agency (e.g., most, if not all, private for-profit programs; some private not-for-profit programs; some county and local government programs; and most Federal government programs). Therefore, the overall fiscal data contained herein are conservative in nature and, to some degree, underestimate funding allocations by other departments of State and Federal government and by private, non-State agency supported alcohol and drug abuse treatment and prevention programs.

Although the specific levels of fiscal support contributed by different sources vary considerably among the States the single largest source of funding during FY 1984 for alcohol and drug services was from State revenues. In 33 reporting States and Puerto Rico, State alcohol and drug agency monies constituted the largest source of funding, while in 2 States and the District of Columbia other State revenues are the largest source of support. Among the remaining 15 States, the ADMS Block Grant is the largest revenue source in eight States, other Federal sources in one State, county and local monies in three States and other sources of monies in three States. Approximately 78.6 percent of the funds was allocated for treatment services, 13.1 percent for prevention services and 8.3 percent for other activities (e.g., training, research, administration).

Client Admission Characteristics

The total alcohol client treatment admissions reported by 46 States, the District of Columbia and Puerto Rico was over 1 million (1,028,533 client admissions), including 860,059 client admissions to non-hospital treatment units. Hospitals were used for nearly 32 percent of the clients who required detoxification services, while non-hospital facilities were used for over 90 percent of client admissions to rehabilitation/residential facilities and for 95 percent of client admissions to outpatient care. A total of 3,943 alcohol treatment units receiving at least some State administered monies were identified by 45 States, the District of Columbia and Puerto Rico. Of 44 States, the District of Columbia and Puerto Rico that reported admissions data by sex, nearly 80 percent of the alcohol client admissions were male. Other client admissions characteristics were as follows: 3.3 percent under age 18; 5.1 percent age 18-20; 11.5 percent age 21-24; 31.1 percent age 25-34; 24.0 percent age 35-44; 14.9 percent age 45-54; 7.9 percent age 55-64; and 2.2 percent age 65 and over. Also, alcohol client admissions were 74.8 percent White, not of Hispanic origin; 16.0 percent Black, not of Hispanic origin; 5.7 percent Hispanic; .2 percent Asian or Pacific Islander; 3.2 percent American Indian or Alaskan Native; and .1 percent not reported.

The total drug client admissions reported by 43 State agencies, the District of Columbia and Puerto Rico was 272,042, including 7,706 admissions to hospitals, 53,643 to residential facilities and 210,693 to outpatient services. In terms of treatment modality, 38,625 client admissions were for detoxification, 38,713 were for maintenance and 185,006 were for drug-free types of treatment services. A total of 2,632 drug treatment units receiving at least some State administered monies were identified. Approximately 69 percent of the drug client admissions were male. Client admissions characteristics were as follows: 12.4 percent under age 18; 8.9 percent age 18-20, 17.3 percent age 21-24; 47.0 percent age 25-34; 11.3 percent age 35-44; 2.2 percent age 45-54; .7 percent age 55-64; and .3 percent age 65 and over. Also, drug client admissions were 61.7 percent White, not of Hispanic origin; 23.9 percent Black, not of Hispanic origin; 12.7 percent Hispanic; .5 percent Asian or Pacific Islander; .8 percent American Indian or Alaskan Native; and .4 percent not reported.

Special Focus Areas

Each State alcohol and drug agency was asked to provide information on programs and clients/persons served in special focus areas including prevention, intoxicated drivers and employee assistance. Forty States, the District of Columbia and Puerto Rico identified a total of 2,597 school-based prevention programs and 3,612 other than school-based prevention programs. A total of 32 States, the District of Columbia and Puerto Rico were willing to offer rough estimates as to the number of persons served by prevention programs. These estimates included over 2.2 million persons served by school-based prevention programs and over 4.4 million persons served by other than school-based prevention programs.

With regard to intoxicated driver programs, the total number of projects was estimated to be over 2,550 serving over 850,000 persons annually. In terms of employee assistance programs (EAPs) more than half of 43 reporting States, the District of Columbia and Puerto Rico indicated that all or nearly all State employees had access to an EAP. The percentage of covered persons who actually received EAP services generally ranged from 1 to 3 percent.

Unmet Needs for Treatment and/or Prevention Services

Ninety-eight percent of State respondents reported that an unmet need for treatment services exists within their State, while 96 percent of the respondents indicated that an unmet need for prevention services exists within their State. Most States submitted narrative responses describing their unmet needs. In addition to the need for a general increase in funds for treatment and prevention services, States provided information on specific needs for increased services to a variety of special population groups including youth, women, Hispanics, Native Americans and Driving While Intoxicated and other offenders.

Significant Changes in Treatment and/or Prevention Services

The State alcohol and drug agencies were also asked to provide a narrative description of "any significant changes in alcohol and/or drug prevention and treatment services delivered within your State in FY 1984 and the reasons for these changes". A total of 39 States and the District of Columbia submitted narrative information in response to this request. The scope of the narrative comments was very broad ranging from information on the impact of new State legislation (e.g., intoxicated driver laws) on the demand for particular types of services (e.g., outpatient) to the increased emphasis by States on prevention efforts, to data on client and drug use trends.

Conclusions

The total funding from all sources for alcohol and drug abuse services as reported by States for their 1984 FY was over $1.3 billion. State revenues remain the single largest source of support at 49.5 percent of the total funds. However, in seven

States the ADMS Block Grant is the largest source, while in eight States the greatest funding is provided by other Federal, county and local or by other sources. Approximately 78.6 percent of the available monies are allocated for treatment services, 13.1 percent for prevention services and 8.2 percent for other services. The proportion of funds for prevention appears to be higher than in previous years, but it reamins far below treatment.

Alcohol client admissions totaled over 1.0 million for 3,943 treatment units, while drug client admissions were over 272,000 for 2,505 treatment units during FY 1984. Proportionately, drug client admissions were younger, more likely to be female and more likely to represent non-White population groups than were alcohol client admissions. However, alcohol client treatment admissions had a higher percentage of American Indians and Alaskan Natives.

States estimated that nearly 6.7 million persons received prevention services annually in over 6,200 school or other prevention programs. Also, over 860,000 intoxicated drivers are served annually in over 2,550 projects.

Over 95 percent of respondent States reported that unmet treatment and prevention needs exist within their States. The specific needs among the States vary widely. However, many States expressed a need for increased services to youth, women, Hispanics, Native Americans and intoxicated driver and other offenders.

The SADAP data project annually provides a broad range of significant information on alcohol and drug abuse treatment and prevention needs, fiscal resources, client services and programs throughout the nation. Not only is SADAP an example of a successful voluntary data collection and analysis effort, but also it demonstrates the value of a close cooperative partnership among Federal and State officials. It is expected that the SADAP system will continue to provide even more valuable information for policy makers and others as the data base continues to grow over time.

I. INTRODUCTION

Alcohol and drug abuse and dependency are major public health problems which warrant the attention of all levels of government. At the Federal level, the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) are responsible for providing leadership on drug and alcohol issues. A major portion of this responsibility focuses on the task of tracking various indicators of drug and alcohol abuse, including information on treatment and prevention services and funding resources.

At the State level, State alcohol and/or drug agencies have administrative responsibility for the allocation and effective utilization of Federal and State revenues specifically targetted for alcohol and drug treatment and prevention services. In order to effectively and efficiently carry out these tasks, each State collects relevant information on needs, services and resources. This information assists the States in their ongoing planning and monitoring activities.

Prior to 1982 NIDA and NIAAA were the repository of significant amounts of detailed information from States and programs on alcohol and drug treatment and prevention services and clients. These data were often reported to the Federal level by the States and by individual programs as a condition of receipt of the Federal alcohol and drug formula and project grant funds. When the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant was authorized by Public Law 97-35 in 1981, however, the requirement for the provision of detailed data from the States and programs was eliminated. As a result of this action a number of the different national data reporting systems that had been developed by NIDA and NIAAA were terminated.

The continued importance and need for some national data on alcohol and drug treatment and prevention programs, services and clients was, however, recognized. The Senate Committee on Labor and Human Resources included the following language in its report on the Alcohol and Drug Abuse Amendments of 1983:

> "The Committee views the collection of alcoholism and drug abuse program data as an important national leadership responsibility of the Institutes ... The Committee encourages the Institutes to include in such efforts the acquisition and analysis of alcoholism and drug program data from information systems in each State ... will necessitate the Secretary working with State and local alcohol and drug abuse service providers and other relevant national organizations which may have expertise in alcohol and drug issues, evaluation of services, or related areas to encourage and promote compliance with comparable data configurations in preparation for the Secretary's report to Congress." (Pages 16-17 of Senate Report No. 98-29 accompanying bill S.126 passed by the 98th Congress.)

The Congress further directed the Secretary of the Department of Health and Human Services, through the Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) to:

> "conduct data collection activities with respect to such programs, including data collection activities

> concerning the types of alcoholism, alcohol abuse, drug abuse and mental health treatment and prevention activities conducted under such part, the number and types of individuals receiving services under such programs and activities, and the sources of funding (other than funding provided under such part) for such programs and activities". (Section 1920)(42 U.S.C. 300 x)

In order to meet the Congressional mandates for continued data collection activities and to be able to respond knowledgeably to questions on the prevention, intervention and treatment resources available to deal with alcohol and drug abuse the Federal government has sought to maintain at least minimal data which are accurate and updated on a regular basis. Since NASADAD has an established ongoing relationship with all of the State alcohol and drug abuse agencies, it constitutes the single best source of such data.

NASADAD has demonstrated its capability to effectively and efficiently gather, analyze and present uniform information on alcohol and drug abuse treatment and prevention resources and clients from the States. The States' willingness to provide NASADAD with information on alcohol and drug treatment and prevention services, resources and clients from their ongoing data collection efforts is evidenced by the successful outcome of previous contract efforts. For example, Contract No. ADM 271-83-7208 resulted in the State Alcoholism and Drug Abuse Profile Report which presented and analyzed for Fiscal Year 1983 and 1984 State-by-State data on funding levels and services, client characteristics and program changes. This report also included special sections on prevention activities, intoxicated driver projects and employee assistance programs.

On September 18, 1984, NIDA and NIAAA entered, once again, into a contractual relationship with NASADAD for the continued support of a cooperative Federal/State national data strategy (Contract No. ADM 271-84-7314). As a key part of this contract from the Institutes, NASADAD is working with both the Institutes and the States to assess, define and voluntarily provide information on alcohol and drug abuse services, programs, resources, and needs. The data being collected and analyzed by NASADAD are already in existence at the State level. The major tasks being performed by NASADAD are the definition and collection of information in a uniform format from its members, the analysis of the data submitted by each State including the comparisons across States, and the provision of an overall report on the findings.

II. STUDY PURPOSE AND METHODOLOGY

The overall purpose of this study is to ensure the continued availability of selected service and resource information from already existing State sources throughout the United States and its Territories. The specific data elements include, but are not limited to, financial, program, and client data that States are willing to voluntarily submit in order to assist NIDA and NIAAA to meaningfully assess the type of treatment and prevention resources and services that are provided to drug and alcohol abusers throughout the country. The major study objectives are:

- To provide continued support for the implementation of a joint Federal/State national data strategy, e.g., through collaboration on SADAP and the National Alcoholism and Drug Abuse Program Inventory. State representatives are involved in providing consultation in examining options and developing recommendations for appropriate changes in the scope and content of existing and future efforts to acquire data from the States on a voluntary basis.
- To collect secondary data from the States on an annual basis relating to alcohol and drug abuse services, clients and resources.
- To automate the editing, storage and analysis of data acquired from the States in prior and current Fiscal Years.
- To aggregate and analyze the data that is voluntarily submitted by each State, including the development of both within and across State comparisons and analyses.

The overall study methodology was defined within a performance plan that included four major tasks and a number of sub-tasks, including the development and implementation of procedures to effectively and efficiently automate the data acquired. NASADAD's experience in manually processing and analyzing State Alcohol and Drug Abuse Profile (SADAP) data in late 1983 and early 1984 demonstrated the need to automate the processing of this information. Computerized data from the States provides benefits to the Institutes through more expeditious processing and editing of the original data returns and provides a means for a rapid update of the data from any States submitting late or amended reports.

Subsequent to the conduct of a meeting in October 1984 with State and Institute representatives to solicit input and recommendations for the new SADAP, NASADAD staff developed all necessary support materials and implemented data collection procedures. Attached as Appendix A is a copy of the cover letter, information collection format, and glossary of terms that were sent out to each State alcohol and drug agency director. This material was followed up with a number of written communications to States reminding them of the importance of voluntarily submitting the data. Also, telephone calls were made to directors that had not submitted information within the requested time frame.

The directors of the alcohol and drug agencies from all 50 States plus the District of Columbia and Puerto Rico voluntarily submitted information in response to the request from NASADAD. The data received are summarized and analyzed within the remaining sections of this report. Each State director was sent a draft copy of this report and provided with an opportunity to review and verify the accuracy of all data submitted from his/her State.

III. FUNDING OF ALCOHOL AND DRUG SERVICES

In November, 1984 each State alcohol and drug agency was asked to provide data on funding levels and sources for alcohol and drug services by type of program activity within the State for Fiscal Year (FY) 1984. Every State agency plus the District of Columbia and Puerto Rico responded positively to this request.

Before presenting and analyzing the findings it is important to note that these data, as any data, have a number of inherent limitations. They should not be utilized without an appreciation of the qualifications that apply to them. One major qualification is that the States were asked to report funding data for "only those programs which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984". The data presented, therefore, do not include information on those programs that do not receive any funding from the State alcohol/drug (A/D) agency (e.g., most, if not all, private for-profit programs; some private not-for-profit programs; and some public programs). In general, the funds allocated for alcohol and drug services by the U.S. Department of Defense, the U.S. Department of Education, the U.S. Department of Justice and the U.S. Department of Transportation are not included within these figures as reported by the States. Therefore, the overall fiscal estimates contained herein are conservative in nature and, to some degree, underestimate funding allocations by other departments of State government, by Federal agencies and by private, non-State agency supported alcoholism and drug abuse treatment and prevention programs.

The financial data collected from States are organized within two major subsections:

- Financial Allocations by State and Funding Source; and
- Financial Allocations by Type of Program Activity.

Information on each of these areas follows.

1. Financial Allocations by State and Funding Source

This subsection provides information on monies allocated for alcohol and drug services within each State during that State's 1984 FY. It should be noted that only two States (Alabama and Michigan) and the District of Columbia have FYs directly comparable to the Federal Government (October 1 to September 30), while 46 States and Puerto Rico have FYs from July 1 to June 30, one State (New York) has a FY from April 1 to March 31 and one State (Texas) has a FY from September 1 to August 31. The data are categorized and presented on both a State-by-State basis and by funding source, including State alcohol and drug agency monies, other State monies, the alcohol and drug portion of the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant, other Federal monies, county and local monies and other monies. Also, total allocations are reported for each State and for each funding source. See Exhibit I which follows.

The total monies allocated within all 50 States plus the District of Columbia and Puerto Rico for alcohol and drug services in those programs receiving at least some State administered funds during each State's 1984 FY were $1,346,613,551. This total includes $610.1 million (45.3 percent) from State alcohol and drug agency sources, $56.8 million (4.2 percent) from other State sources, $251.4 million (18.7 percent) from the ADMS Block Grant, $27.1 million (2.0 percent) from other Federal sources, $130.1 million (9.7 percent) from county and local sources, and $271.2

EXHIBIT I

FINANCIAL ALLOCATIONS FOR STATE SUPPORTED ALCOHOL AND DRUG SERVICES IN FISCAL YEAR 1984 BY STATE AND FUNDING SOURCE

STATE	STATE A/D AGENCY	OTHER STATE	ADMS BLOCK GRANT	OTHER FEDERAL	COUNTY OR LOCAL	OTHER SOURCES	TOTAL
ALABAMA	1,528,612	-	2,957,940	422,054	-	-	4,908,606
ALASKA	12,653,700	-	1,504,400	-	3,974,978	-	18,133,078
ARIZONA	8,645,300	-	6,614,983	-	7,216,964	-	22,477,247
ARKANSAS	1,334,541	-	1,759,880	1,018,206	-	675,083	4,787,710
CALFORNIA	75,897,000	479,000	30,982,000	3,872,000	21,981,100	64,369,542	197,579,642
COLORADO	11,292,205	1,070,219	3,934,473	-	3,124,936	4,986,868	24,408,701
CONNECTICUT	5,865,577	-	6,329,693	1,695,440	-	12,437,564	26,328,274
DELAWARE	2,256,752	-	1,270,062	-	-	-	3,526,814
DISTRICT OF COLUMBIA	43,299	10,606,000	1,861,600	43,711	-	-	12,554,610
FLORIDA	20,563,027	733,724	10,793,496	3,780,650	11,956,965	-	47,827,862
GEORGIA	16,407,844	-	2,989,430	-	-	149,854	19,547,128
HAWAII	1,478,907	1,001,917	1,179,640	-	-	464,223	4,124,687
IDAHO	1,802,600	-	1,127,320	-	-	-	2,929,920
ILLINOIS	34,070,100	2,170,800	8,718,700	1,354,400	4,838,900	8,923,500	59,776,100
INDIANA	3,132,992	8,315,772	2,759,195	1,817,879	-	-	16,025,838
IOWA	2,988,897	380,021	2,394,877	211,080	3,044,407	1,181,299	10,166,981
KANSAS	3,233,600	368,500	1,281,200	93,200	1,018,200	1,009,000	6,967,700
KENTUCKY	2,398,941	371,849	2,489,687	10,774	-	2,261,850	7,500,071
LOUISIANA	10,058,866	-	3,990,986	173,332	-	8,950	14,232,104
MAINE	3,632,697	993,420	2,167,510	96,142	2,418,746	3,641,000	12,946,818
MARYLAND	16,883,092	841,864	3,348,826	1,292,718	2,119,519	940,162	25,423,181
MASSACHUSETTS	24,157,284	434,000	7,407,527	-	-	-	31,998,811
MICHIGAN	23,650,243	-	10,425,248	1,633,206	6,478,000	17,640,680	59,827,377
MINNESOTA	2,367,000	-	2,783,600	-	2,353,228	292,489	7,796,317
MISSISSIPPI	2,642,476	-	1,187,913	2,811,303	-	-	6,641,692
MISSOURI	6,356,566	-	4,539,912	-	127,250	-	11,023,728
MONTANA	2,341,921	-	1,102,967	439,455	1,638,673	1,776,006	7,299,022
NEBRASKA	4,080,796	-	1,286,100	-	467,462	701,193	6,535,551
NEVADA	1,395,706	-	2,053,209	3,985	158,163	3,240,255	6,851,318
NEW HAMPSHIRE	1,071,934	-	1,122,918	-	-	-	2,194,852
NEW JERSEY	9,599,000	-	13,266,000	850,000	-	-	23,715,000
NEW MEXICO	9,410,994	9,959,900	2,225,224	1,268,600	-	-	22,864,718
NEW YORK	134,084,300	835,800	33,906,400	817,410	19,961,600	102,789,400	292,394,910
NORTH CAROLINA	15,787,071	-	4,327,686	-	13,657,742	-	33,772,499
NORTH DAKOTA	1,017,283	-	615,311	-	-	144,611	1,777,205
OHIO	12,799,141	2,139,918	8,014,817	507,867	985,590	2,075,366	26,522,699
OKLAHOMA	3,791,652	-	2,270,624	-	-	-	6,062,276
OREGON	6,786,286	2,510,155	3,015,186	134,065	-	-	12,445,692
PENNSYLVANIA	26,902,000	8,160,000	10,359,000	99,000	3,891,000	14,320,000	63,731,000
PUERTO RICO	9,260,910	24,024	3,495,582	219,777	-	-	13,000,293
RHODE ISLAND	4,942,546	-	1,935,095	-	-	-	6,877,641
SOUTH CAROLINA	1,784,192	-	2,286,770	-	2,828,053	-	6,899,015
SOUTH DAKOTA	394,134	-	628,814	-	629,545	-	1,652,493
TENNESSEE	2,824,459	252,409	2,485,423	840,083	552,567	5,373,943	12,328,884
TEXAS	4,095,131	-	13,070,641	47,805	4,334,692	-	21,548,269
UTAH	6,256,900	802,022	2,274,134	816,413	2,007,945	2,322,514	14,479,928
VERMONT	2,124,322	254,583	1,317,644	111,118	54,964	643,143	4,505,774
VIRGINIA	10,144,049	-	4,124,835	19,650	5,028,390	4,833,309	24,150,233
WASHINGTON	15,737,000	-	4,250,000	484,000	80,000	-	20,551,000
WEST VIRGINIA	2,080,000	1,651,470	1,123,156	120,902	299,934	1,574,617	6,850,079
WISCONSIN	24,210,076	2,409,080	3,783,985	-	2,936,333	12,447,498	45,786,972
WYOMING	1,823,533	-	317,826	-	214,135	-	2,355,494
TOTALS	610,051,154	56,763,147	231,396,085	27,106,225	130,073,981	271,222,919	1,346,613,511
PERCENT OF TOTAL	45.3%	4.2%	18.7%	2.0%	9.7%	20.1%	100.0%

- = Information not available

Cautionary Note: In a number of States complete information is not available on all funding sources for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented at the bottom of this table should be used only as gross estimates of the overall level of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percents than the figures shown.

Source: State Alcohol and Drug Abuse Profile, FY 1984

million (20.1 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers). Caution needs to be exercised in the utilization and interpretation of the data. As noted earlier, the data include information only on those programs "which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984". Also, in some States complete information is not available on all funding sources even for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented in Exhibit I should be used only as gross estimates of the overall level of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percents than the figures shown.

The specific levels of fiscal support contributed by different sources vary considerably among the States. It is clear, however, that for all States combined and for most States individually the single largest source of funding during FY 1984 for alcohol and drug services was State revenues. In 33 States plus Puerto Rico, State alcohol and drug agency monies constitute the single largest source of funding, while in two States plus the District of Columbia other State revenues are the largest source of support. Among the remaining 15 States, the ADMS Block Grant was the largest revenue source in seven States, other Federal sources in one State, county and local monies in three States and other sources of monies in four States.

States were also asked to report the total number of alcohol and/or drug treatment units which receive funds administered by the State alcohol/drug agency. Forty-three States plus the District of Columbia identified 4,613 of these units. See Exhibit II.

With regard to the allocation of the alcohol and drug portion of the ADMS Block Grant monies, State representatives were asked to indicate the proportion of funds allocated for alcohol services and the proportion of funds allocated for drug services. Among the 50 States plus the District of Columbia and Puerto Rico which provided this information there was considerable variation in the proportion of monies allocated for alcohol services and that allocated for drug services. See Exhibit III. The variation in proportional allocations of the ADMS Block Grant funds appeared to be dependent upon the needs and priorities established by State Governors, State legislatures and State alcohol and drug program directors.

On a national basis, the proportion of States which allocated more of the Block Grant monies to alcohol services tended to be balanced out by those States which allocated more for drug services. The specific results among the 52 responding entities were as follows: 21 States allocated more monies for alcohol services, 20 States plus the District of Columbia and Puerto Rico allocated more monies for drug services, and nine States allocated equal proportions to alcohol and drug services. However, if one considers which States have the highest populations and which have the largest proportion of ADMS Block Grant funds, in those States a higher proportion of Block Grant monies appears to be usually allocated for drug services.

Included as Appendix B of this report are State-by-State population, per captia income, population density and State revenue

EXHIBIT II

ALCOHOL AND/OR DRUG TREATMENT UNITS WHICH RECEIVED FUNDS ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY IN FISCAL YEAR 1984

STATE	NUMBER OF UNITS
ALABAMA	24
ALASKA	47
ARIZONA	65 +
ARKANSAS	36
CALIFORNIA	659
COLORADO	153
CONNECTICUT	96
DELAWARE	-
DISTRICT OF COLUMBIA	1
FLORIDA	130
GEORGIA	-
HAWAII	41
IDAHO	14
ILLINOIS	-
INDIANA	51
IOWA	29
KANSAS	34
KENTUCKY	134
LOUISIANA	56
MAINE	-
MARYLAND	115
MASSACHUSETTS	316
MICHIGAN	224
MINNESOTA	57
MISSISSIPPI	70
MISSOURI	72
MONTANA	33
NEBRASKA	75
NEVADA	24
NEW HAMPSHIRE	21
NEW JERSEY	121
NEW MEXICO	-
NEW YORK	246 *
NORTH CAROLINA	-
NORTH DAKOTA	10
OHIO	196
OKLAHOMA	46
OREGON	133
PENNSYLVANIA	327
PUERTO RICO	-
RHODE ISLAND	-
SOUTH CAROLINA	37
SOUTH DAKOTA	26
TENNESSEE	51
TEXAS	90
UTAH	35
VERMONT	33
VIRGINIA	93
WASHINGTON	167
WEST VIRGINIA	20
WISCONSIN	381
WYOMING	24
TOTALS	4,613

- Information not available.

+ Drug units only.

* Alcohol units only.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

EXHIBIT III

PROPORTION OF A&D BLOCK GRANT MONIES ALLOCATED FOR ALCOHOL SERVICES AND FOR DRUG SERVICES BY STATE IN FISCAL YEAR 1984

STATE	ALCOHOL SERVICES	DRUG SERVICES
ALABAMA	48.2	51.8
ALASKA	59.0	41.0
ARIZONA	44.0	56.0
ARKANSAS	52.0	48.0
CALIFORNIA	35.0	65.0
COLORADO	51.3	48.7
CONNECTICUT	54.5	45.5
DELAWARE	57.0	43.0
DISTRICT OF COLUMBIA	35.0	65.0
FLORIDA	38.0	62.0
GEORGIA	57.6	42.4
HAWAII	49.0	51.0
IDAHO	50.0	50.0
ILLINOIS	32.6	67.4
INDIANA	59.0	41.0
IOWA	50.0	50.0
KANSAS	50.0	50.0
KENTUCKY	61.0	39.0
LOUISIANA	50.0	50.0
MAINE	65.0	35.0
MARYLAND	43.0	57.0
MASSACHUSETTS	48.1	51.8
MICHIGAN	51.0	49.0
MINNESOTA	45.0	55.0
MISSISSIPPI	65.0	35.0
MISSOURI	50.0	50.0
MONTANA	58.0	42.0
NEBRASKA	35.0	65.0
NEVADA	51.0	49.0
NEW HAMPSHIRE	50.0	50.0
NEW JERSEY	35.0	65.0
NEW MEXICO	48.0	52.0
NEW YORK	37.2	62.8
NORTH CAROLINA	64.0	36.0
NORTH DAKOTA	65.0	35.0
OHIO	37.0	63.0
OKLAHOMA	50.0	50.0
OREGON	49.0	51.0
PENNSYLVANIA	41.0	59.0
PUERTO RICO	48.0	52.0
RHODE ISLAND	42.8	57.2
SOUTH CAROLINA	56.0	44.0
SOUTH DAKOTA	60.0	40.0
TENNESSEE	60.0	40.0
TEXAS	40.0	60.0
UTAH	50.0	50.0
VERMONT	50.0	50.0
VIRGINIA	45.0	55.0
WASHINGTON	38.0	62.0
WEST VIRGINIA	65.0	35.0
WISCONSIN	56.0	44.0
WYOMING	54.6	45.4

Source: State Alcohol and Drug Abuse Profile, FY 1984

figures to aid in further analyses and interpretations of the financial data. However, the financial data provided by the States reflect FY 1984 in each State, while the population, per capita income and population density data provided are for calendar year 1983 and the State revenues reflect each State's FY 1982. More recent, complete information was not available for all States.

Direct comparisons of financial allocations reported by States in this year's State Alcohol and Drug Abuse Profile (SADAP) data have not been made with SADAP data collected in previous years. Such comparisons are not appropriate and could be misleading since there were two major changes instituted in the SADAP data collection methodology for this year. First, in previous years States were asked to "estimate" their current year's fiscal allocations while they were still in the middle of the fiscal year. This year States were asked to report actual allocations for their most recently completed fiscal year. Second, in previous years, States were asked to provide estimates of dollar allocations for all alcohol and drug services within their States. This year States were asked to provide fiscal information for "only those programs which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984". Although the data now collected through SADAP are less global in nature (e.g., they no longer include estimates on fiscal allocations within most for-profit programs), it is anticipated that the changes in methodology that have been instituted will help to ensure the accuracy, precision and completeness of the data that are provided. Also, a firm base has been established for comparisons with data that will be collected in future years.

2. Financial Allocations by Type of Program Activity

Within this subsection information is provided on the amount of monies allocated during FY 1984 for different types of alcohol and drug program activities. Data are presented on a State-by-State basis for three program activities including treatment, prevention, and other. Total allocations are reported for each State and for each program activity category. See Exhibit IV which follows.

As noted previously, the total monies allocated within the District of Columbia, Puerto Rico and all other State agencies during FY 1984 in those programs which received at least some State alcohol/drug agency funds were $1,346,613,551. Of this amount, the 52 State agencies were able to report the breakout of $1,321,393,690 into the different types of alcohol and drug program activities. Of this total $1,038,121,242 (78.6 percent) were allocated for treatment activities, $173,882,878 (13.1 percent) were allocated for prevention activities, and $109,389,570 (8.2 percent) were allocated for other activities (e.g., training, research, administration).

Over the past few years many States have substantially increased their commitment to and financial allocations for prevention programs. However, within every State the allocations for treatment remain much higher than those for prevention. Overall, the allocations for treatment are approximately six times as great as those for prevention.

EXHIBIT IV

FINANCIAL ALLOCATIONS FOR ALCOHOL AND DRUG SERVICES IN FISCAL YEAR 1984 BY STATE AND TYPE OF PROGRAM ACTIVITY

STATE	TYPE OF PROGRAM ACTIVITY			
	TREATMENT	PREVENTION	OTHER	TOTAL
ALABAMA	4,237,824	592,571	78,211	4,908,606
ALASKA	15,109,506	1,783,086	1,240,486	18,133,078
ARIZONA	20,619,552	1,265,793	591,902	22,477,247
ARKANSAS	3,861,958	497,802	427,950	4,787,710
CALIFORNIA	118,447,778	50,656,753	28,475,111	197,579,642
COLORADO	21,532,559	729,610	2,146,532	24,408,701
CONNECTICUT	23,275,879	1,716,485	1,335,910	26,328,274
DELAWARE	2,483,424	551,530	491,860	3,526,814
DISTRICT OF COLUMBIA	10,956,633	1,083,514	514,463	12,554,610
FLORIDA	43,809,504	4,018,358	0	47,827,862
GEORGIA	18,733,235	813,893	0	19,547,128
HAWAII	3,535,809	294,246	294,632	4,124,687
IDAHO	2,743,479	186,441	0	2,929,920
ILLINOIS	55,094,900	2,807,200	1,874,000	59,776,100
INDIANA	14,512,218	851,588	662,032	16,025,838
IOWA	8,548,083	1,618,898	0	10,166,981
KANSAS	5,876,000	952,200	139,500	6,967,700
KENTUCKY	5,991,089	656,230	852,752	7,500,071
LOUISIANA	10,188,296	968,305	3,075,503	14,232,104
MAINE	10,580,696	2,209,746	156,073	12,946,515
MARYLAND	24,094,690	394,444	934,047	25,423,181
MASSACHUSETTS	26,956,701	3,501,704	1,540,406	31,998,811
MICHIGAN	45,162,422	6,100,567	8,564,388	59,827,377
MINNESOTA	5,280,899	1,426,338	1,089,080	7,796,317
MISSISSIPPI	5,607,039	237,583	797,070	6,641,692
MISSOURI	9,430,056	706,041	887,631	11,023,728
MONTANA	6,395,932	539,157	363,933	7,299,022
NEBRASKA	5,300,897	766,665	467,989	6,535,551
NEVADA	5,690,594	830,033	330,691	6,851,318
NEW HAMPSHIRE	1,285,386	241,743	667,723	2,194,852
NEW JERSEY	18,696,000	4,900,000	119,000	23,715,000
NEW MEXICO	21,661,000	1,203,718	0	22,864,718
NEW YORK	227,391,419	38,200,081	26,803,410	292,394,910
NORTH CAROLINA	29,250,993	4,521,506	0	33,772,499
NORTH DAKOTA	1,643,059	134,146	0	1,777,205
OHIO*	15,238,244	3,232,616	3,486,961	21,957,821
OKLAHOMA	5,083,278	422,538	556,460	6,062,276
OREGON	11,279,406	568,750	597,536	12,445,692
PENNSYVANIA	46,680,000	11,184,000	5,867,000	63,731,000
PUERTO RICO	10,805,309	2,194,984	0	13,000,293
RHODE ISLAND	5,782,042	477,647	617,952	6,877,641
SOUTH CAROLINA	4,459,686	510,297	1,929,032	6,899,015
SOUTH DAKOTA*	695,082	196,408	131,458	1,022,948
TENNESSEE	10,690,571	992,393	645,920	12,328,884
TEXAS	14,099,940	4,736,800	2,711,529	21,548,269
UTAH	10,798,706	2,781,895	899,327	14,479,928
VERMONT	3,032,457	1,004,840	468,477	4,505,774
VIRGINIA*	3,156,880	967,955	0	4,124,835
WASHINGTON	18,361,000	865,000	1,325,000	20,551,000
WEST VIRGNINA	5,631,721	467,418	750,940	6,850,079
WISCONSIN	36,610,924	4,696,355	4,479,693	45,786,972
WYOMING	1,730,487	625,007	0	2,355,494
TOTALS	1,038,121,242	173,882,878	109,389,570	1,321,393,690
PERCENT OF TOTAL	78.6%	13.1%	8.2%	100.0%

* These totals do not include $4,564,878 (Ohio), $629,545 (South Dakota) and $20,025,398 (Virginia) for which a differntiation according to type of program activity is not available.

Source: State Alcohol and Drug Abuse Profile, FY 1984

IV. CLIENT ADMISSIONS TO ALCOHOL AND DRUG TREATMENT SERVICES

Each State alcohol and drug agency was asked to provide information on client admissions to treatment units that received at least some monies administered by the State agency during Fiscal Year 1984. Most of the States have combined alcohol and drug abuse treatment responsibilities within one agency. Also, a number of these agencies have established combined (e.g., substance abuse, chemical dependency) treatment systems and/or client reporting systems and would prefer to report combined alcohol and drug client data. However, in response to the requests of NIDA and NIAAA which have different mandates and in the interest of obtaining data that would be generally consistent with past data collection efforts as well as being responsive to those States that have separate alcohol and drug agencies, NASADAD asked the States separate questions relating to alcohol and drug abuse treatment.

In reviewing and interpreting the data in this section of the report it is important to recognize that the client admissions figures noted are limited to those treatment units which received "at least some funds administered by the State agency" during Fiscal Year 1984. However, States reporting client information on those treatment units which received only partial funding from the State agency were instructed to include all clients in the program, not just those clients who were supported by State Alcohol/Drug Agency funds. The data presented do not include client admissions to treatment units that did not receive any State administered funds during Fiscal Year 1984. It is also important to recognize that the total number of client admissions reported in the following exhibits may not always be equal since in a few cases the State may not have been able to provide client admissions for all of the categories specified (e.g., some States use different age categories).

The remainder of this section on client admissions to treatment services is organized within two major sections including:

- Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism
- Client Admissions to Treatment Services for Drug Abuse and Addiction.

Information on each of these areas follows.

1. Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism

This subsection includes client data organized within two major areas including:

- Client admissions data by environment and type of care; and
- Client admissions data by sex, age and race/ethnicity.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Type of Care

Each State alcohol (and alcohol and drug combined) agency was asked to provide data on the "number of client admissions during Fiscal Year 1984 for alcohol related treatment services in all units which received at least some funds administered by the State Alcohol Agency." The information requested included client admissions data organized by environment (hospital or non-hospital) and by type of care (detoxification, rehabilitation/residential, or outpatient). See Exhibit V which follows.

A total of 46 State agencies plus the District of Columbia and Puerto Rico provided data on the number of total alcohol client treatment admissions during Fiscal Year 1984. See the last column in Exhibit V. The total of alcohol client treatment admissions was over 1 million (1,028,105). Of these admissions over 80 percent (860,059 admissions) were to non-hospital units. Twenty-nine States plus Puerto Rico reported a total of 168,046 client admissions to hospital based treatment units.

Most States also reported data on alcohol client treatment admissions by type of care (detoxification, rehabilitation/residential, or outpatient) and environment (hospital or non-hospital). See the first six columns of Exhibit V. It appears that hospitals were used by nearly 32 percent of those clients who required detoxification services. However, the proportions of hospital and non-hospital use are considerably different for those clients who required rehabilitation/residential or outpatient services. With regard to rehabilitation/residential services, non-hospital facilities were used for over 90 percent of the client admissions. Also, with regard to outpatient services, non-hospital facilities were used for 95 percent of the client admissions.

States were also asked to provide information on the number of facilities that reported the client admission

EXHIBIT V

ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY TYPE OF ENVIRONMENT,
BY TYPE OF CARE, AND BY STATE FOR FISCAL YEAR 1984

STATE	Detoxification		Rehab/Residential		Outpatient		Totals by Type of Environment		
	Hospital	Non-Hospital	Hospital	Non-Hospital	Hospital	Non-Hospital	Hospital	Non-Hospital	Totals
ALABAMA	-	-	-	3,557	-	2,362	-	5,919	5,919
ALASKA	313	1,845	449	1,832	-	6,863	762	10,540	11,302
ARIZONA	10	0	0	3,110	0	14,159	10	17,269	17,279
ARKANSAS	1,477	113	1,424	3,124	0	2,699	2,901	5,936	8,837
CALIFORNIA*	0	54,366	0	19,188	0	33,046	0	106,600	106,600
COLORADO	145	27,869	-	4,091	-	12,071	145	44,031	44,176
CONNECTICUT	0	6,120	0	2,557	968	2,948	968	11,625	12,593
DELAWARE	-	2,363	-	422	-	1,560	-	4,345	4,345
DISTRICT OF COL	-	5,375	-	425	-	1,582	-	7,382	7,382
FLORIDA	-	-	-	-	-	-	-	-	-
GEORGIA	10,210	4,750	0	1,295	0	15,162	10,210	21,207	31,417
HAWAII	-	804	-	565	-	592	-	1,961	1,961
IDAHO	-	1,749	-	1,309	-	3,491	-	6,549	6,549
ILLINOIS	1,764	14,506	23	5,247	-	32,359	1,787	52,112	53,899
INDIANA	-	5,518	61	904	32	5,242	93	11,664	11,757
IOWA	0	311	6	1,195	0	3,029	6	4,535	4,541
KANSAS	-	3,278	-	1,098	-	4,256	-	8,632	8,632
KENTUCKY	-	-	-	-	-	-	-	-	-
LOUISIANA	48	1,140	-	964	-	7,170	48	9,274	9,322
MAINE+	-	1,282	1,340	559	1,158	3,998	2,498	5,839	8,337
MARYLAND	1	1,872	483	5,949	0	16,699	484	24,520	25,004
MASSACHUSETTS	41,750	-	-	5,664	-	16,539	41,750	22,203	63,953
MICHIGAN	-	7,316	-	6,814	-	20,530	-	34,660	34,660
MINNESOTA o	-	-	-	-	-	-	-	-	-
MISSISSIPPI	708	1,237	-	4,137	85	2,486	793	7,860	8,653
MISSOURI	2,462	7,853	-	3,758	-	3,034	2,462	14,645	17,107
MONTANA	1,100	371	1,526	1,710	-	6,684	2,626	8,765	11,391
NEBRASKA+	465	4,829	1,159	1,469	1,352	8,647	2,976	14,945	17,921
NEVADA	0	2,378	0	771	0	757	0	3,906	3,906
NEW HAMPSHIRE	-	-	-	456	-	1,780	-	2,236	2,236
NEW JERSEY	2,246	7,514	-	2,145	528	3,969	2,774	13,628	16,402
NEW MEXICO	-	-	-	-	-	-	-	-	-
NEW YORK	32,679	29,384	3,526	9,266	17,215	31,275	53,420	69,925	123,345
NORTH CAROLINA	-	5,459	-	1,630	-	9,860	-	16,949	16,949
NORTH DAKOTA+	1,528	-	2,200	-	-	6,500	3,728	6,500	10,228
OHIO	18,897	11,273	-	1,701	-	9,513	18,897	22,487	41,384
OKLAHOMA	0	-	0	3,020	0	3,355	0	6,375	6,375
OREGON	-	8,217	-	2,220	-	12,027	-	22,464	22,464
PENNSYLVANIA	11,150	5,628	654	5,358	-	-	11,804	30,686	42,490
PUERTO RICO	275	-	-	-	-	2,436	275	2,436	2,711
RHODE ISLAND	-	5,500	-	83	282	2,026	282	7,609	7,891
SOUTH CAROLINA	-	3,718	0	385	0	13,765	0	17,868	17,868
SOUTH DAKOTA	-	410	174	1,322	227	5,889	401	7,621	8,022
TENNESSEE	171	1,638	131	998	0	4,443	302	7,079	7,381
TEXAS	-	3,502	-	2,952	-	1,012	-	6,319	6,319
UTAH	2,713	444	0	2,345	0	4,141	2,713	6,930	9,643
VERMONT	0	886	0	887	0	2,060	0	3,833	3,833
VIRGINIA **	-	-	-	-	-	-	1,593	20,014	21,607
WASHINGTON	-	27,500	-	5,507	-	20,218	-	53,225	53,225
WEST VIRGINIA	1,238	5,814	0	903	0	4,281	1,238	10,998	12,236
WISCONSIN	-	7,458	-	7,854	-	35,991	-	51,303	51,303
WYOMING	-	-	100	650	-	6,000	100	6,650	6,750
TOTALS	131,350	281,590	13,256	131,396	21,847	408,506	168,046	860,059	1,028,105
PERCENT OF TOTAL	31.8%	68.2%	9.2%	90.8%	5.1%	94.9%	16.3%	83.7%	100.0%

- = Information not available.

+ = Includes drug admissions.

* = Environment categories are residential and non-residential instead of hospital and non-hospital.

** = No breakdown available for Virginia hospital (1,593) and Virginia non-hospital (20,014).

o = See drug admissions exhibits for combined alcohol/drug data.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

data summarized above, to indicate the percentage of total admissions that were DWI/DUI referrals and the percentage of total alcohol client admissions that had a problem with drugs other that alcohol. Forty-five States plus the District of Columbia and Puerto Rico provided information on the number of facilities that reported the client admissions data summarized above. See Exhibit VI which follows. These States reported a total of 3,943 alcohol treatment units which received at least some State alcohol agency funds during FY 1984.

Twenty-six States plus the District of Columbia and Puerto Rico provided information on the percentage of total alcohol client admissions that were DWI/DUI referrals. Also, 31 State agencies provided information on the percentage that had a problem with drugs other than alcohol. The percentage of alcohol client admissions that were DWI/DUI referrals ranged from a low of 6.7 percent in New Jersey to a high of 67.0 percent in Delaware. See Exhibit VII which follows. The percentage of alcohol client admissions that had a problem with drugs other than alcohol ranged from a low of 6.9 percent in New Jersey to 51.0 percent in Nevada. See Exhibit VIII which follows.

b. Client Admissions Data by Sex, Age and Race/ Ethnicity

Each State alcohol (and alcohol and drug combined) agency was asked to provide data on "the number of client admissions during Fiscal Year 1984 in units which received at least some funds administered by the State Alcohol

EXHIBIT VI

NUMBER OF FACILITIES BY STATE FROM WHICH ALCOHOL TREATMENT ADMISSIONS WERE REPORTED FOR FISCAL YEAR 1984

STATE	NUMBER OF FACILITIES
ALABAMA	48
ALASKA	44
ARIZONA	-
ARKANSAS	19
CALIFORNIA	410
COLORADO	260
CONNECTICUT	46
DELAWARE	18
DISTRICT OF COLUMBIA	9
FLORIDA	-
GEORGIA	39
HAWAII	24
IDAHO	14
ILLINOIS	225
INDIANA	37
IOWA	26
KANSAS	30
KENTUCKY	134
LOUISIANA	34
MAINE*	41
MARYLAND	99
MASSACHUSETTS	132
MICHIGAN	224
MINNESOTA+	-
MISSISSIPPI	70
MISSOURI	65
MONTANA	33
NEBRASKA*	75
NEVADA	19
NEW HAMPSHIRE	24
NEW JERSEY	53
NEW MEXICO	-
NEW YORK	246
NORTH CAROLINA	-
NORTH DAKOTA*	9
OHIO	183
OKLAHOMA	35
OREGON	100
PENNSYLVANIA	312
PUERTO RICO	8
RHODE ISLAND	-
SOUTH CAROLINA	37
SOUTH DAKOTA	35
TENNESSEE	51
TEXAS	16
UTAH	49
VERMONT	24
VIRGINIA	93
WASHINGTON	109
WEST VIRGINIA	20
WISCONSIN	341
WYOMING	23
TOTALS	3,943

- = Information not available.

* = Includes drug facilities.

+ = See drug admissions exhibits for combined alcohol/drug data.

Cautionary Note: Since many facilities provide treatment services to alcohol and drug clients it is not appropriate to add the numbers of facilities in Exhibits VI (alcohol facilities) and XIV (drug facilities) in an attempt to obtain a grand total of of facilities. Also, since several States have reported combined facility data in one but not both of these exhibits, the total number of facilities with alcohol treatment admissions is higher than shown in Exhibit VI and the total number of facilities with drug treatment admissions is higher than shown in Exhibit XIV.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

EXHIBIT VII

PERCENT OF TOTAL ALCOHOL CLIENT TREATMENT ADMISSIONS THAT ARE DWI/DUI REFERRALS BY STATE FOR FISCAL YEAR 1984

STATE	% DWI/DUI REFERRALS
ALABAMA	-
ALASKA	31.0
ARIZONA	14.0
ARKANSAS	-
CALIFORNIA	-
COLORADO	17.0
CONNECTICUT	-
DELAWARE	67.0
DISTRICT OF COLUMBIA	8.0
FLORIDA	11.0
GEORGIA	-
HAWAII	11.0
IDAHO	-
ILLINOIS	-
INDIANA	-
IOWA	29.0
KANSAS	12.4
KENTUCKY	-
LOUISIANA	-
MAINE	-
MARYLAND	41.4
MASSACHUSETTS	8.7
MICHIGAN	25.0
MINNESOTA	-
MISSISSIPPI	26.0
MISSOURI	-
MONTANA	15.0 *
NEBRASKA	-
NEVADA	-
NEW HAMPSHIRE	-
NEW JERSEY	6.7
NEW MEXICO	-
NEW YORK	36.0
NORTH CAROLINA	-
NORTH DAKOTA	15.0 *
OHIO	21.6
OKLAHOMA	-
OREGON	62.0
PENNSYLVANIA	-
PUERTO RICO	46.0
RHODE ISLAND	-
SOUTH CAROLINA	53.6
SOUTH DAKOTA	46.0
TENNESSEE	-
TEXAS	10.0
UTAH	32.0
VERMONT	-
VIRGINIA	30.0
WASHINGTON	-
WEST VIRGINIA	15.0
WISCONSIN	25.0
WYOMING	13.0

- = Information not available.

* = Estimate

Source: Alcohol and Drug Abuse Profile, FY 1984

EXHIBIT VIII .

PERCENT OF TOTAL ALCOHOL CLIENT TREATMENT ADMISSIONS THAT HAD A PROBLEM WITH DRUGS OTHER THAN ALCOHOL BY STATE FOR FISCAL YEAR 1984

STATE	% PROBLEM WITH DRUGS OTHER THAN ALCOHOL
ALABAMA	-
ALASKA	12.0
ARIZONA	-
ARKANSAS	11.0
CALIFORNIA	-
COLORADO	18.5
CONNECTICUT	16.4
DELAWARE	-
DISTRICT OF COLUMBIA	40.0
FLORIDA	-
GEORGIA	-
HAWAII	24.0
IDAHO	-
ILLINOIS	-
INDIANA	20.6
IOWA	-
KANSAS	33.4
KENTUCKY	-
LOUISIANA	-
MAINE	-
MARYLAND	15.4
MASSACHUSETTS	20.5
MICHIGAN	27.0
MINNESOTA	-
MISSISSIPPI	35.0
MISSOURI	19.1
MONTANA	40.0
NEBRASKA	18.0
NEVADA	51.0
NEW HAMPSHIRE	38.0
NEW JERSEY	6.9
NEW MEXICO	-
NEW YORK	22.0
NORTH CAROLINA	-
NORTH DAKOTA	15.0 *
OHIO	41.4
OKLAHOMA	-
OREGON	17.0
PENNSYLVANIA	-
PUERTO RICO	-
RHODE ISLAND	-
SOUTH CAROLINA	9.0
SOUTH DAKOTA	21.0
TENNESSEE	20.0
TEXAS	13.0
UTAH	13.3
VERMONT	28.0
VIRGINIA	-
WASHINGTON	-
WEST VIRGINIA	11.0
WISCONSIN	22.0
WYOMING	12.0

- = Information not available.

* = Estimate

Source: Alcohol and Drug Abuse Profile, FY 1984

Agency for alcohol related treatment services in each of the age, sex, race/ethnicity categories" specified. Forty-four States plus the District of Columbia and Puerto Rico reported alcohol client admissions data by sex. See Exhibit IX which follows. Overall, nearly 80 percent of the alcohol client admissions were males and approximately 20 percent were females.

Thirty States plus the District of Columbia were able to report data by the age categories requested. See Exhibit X. The percent of client admissions that fell within each of the age range categories requested were as follows:

Age	Percent of Admissions
Under 18	3.3 %
18-20	5.1 %
21-24	11.5 %
25-34	31.1 %
35-44	24.0 %
45-54	14.9 %
55-64	7.9 %
65 and over	2.2 %

With regard to alcohol client treatment admissions information by age and by sex, a total of 28 States reported data. See Exhibit XI which follows. A number of States have established different age range categories and they were not able to retrieve client information according to the specific categories requested.

With regard to alcohol client treatment admissions information by race/ethnicity a total of 46 State agencies plus

EXHIBIT IX

ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY SEX AND BY STATE FOR FISCAL YEAR 1984

	SEX		
STATE	MALES	FEMALES	TOTALS
ALABAMA	3,252	838	4,090 +
ALASKA	8,512	2,790	11,302
ARIZONA	12,986	4,293	17,279
ARKANSAS	5,630	943	6,573
CALIFORNIA	86,900	19,700	106,600
COLORADO	38,133	6,298	44,431
CONNECTICUT	10,139	2,454	12,593
DELAWARE	3,678	667	4,345
DISTRICT OF COLUMBIA	5,980	1,402	7,382
FLORIDA	41,595	10,418	52,013
GEORGIA	25,688	5,729	31,417
HAWAII	1,428	360	1,788
IDAHO	5,327	1,222	6,549
ILLINOIS	-	-	-
INDIANA	-	-	-
IOWA	3,444	747	4,558 *
KANSAS	7,488	1,105	8,593
KENTUCKY	10,437	2,354	12,898 *
LOUISIANA	6,805	2,517	9,322
MAINE**	5,947	2,390	8,337
MARYLAND	21,185	3,819	25,004
MASSACHUSETTS	52,685	11,268	63,953
MICHIGAN	27,231	7,028	34,259
MINNESOTA o	-	-	-
MISSISSIPPI	5,692	1,012	6,704
MISSOURI	14,799	2,308	17,107
MONTANA	7,270	4,121	11,391
NEBRASKA**	13,413	4,508	17,921
NEVADA	1,112	416	1,528
NEW HAMPSHIRE	1,645	591	2,236
NEW JERSEY	13,288	3,110	16,398
NEW MEXICO	-	-	-
NEW YORK	91,275	32,070	123,345
NORTH CAROLINA	18,258	3,831	22,089
NORTH DAKOTA	-	-	-
OHIO	14,671	3,800	18,471
OKLAHOMA	4,847	1,528	6,375
OREGON	18,405	4,059	22,464
PENNSYLVANIA	-	-	-
PUERTO RICO	2,576	135	2,711
RHODE ISLAND	5,242	2,649	7,891
SOUTH CAROLINA	14,962	2,906	17,868
SOUTH DAKOTA	5,981	2,041	8,022
TENNESSEE	5,891	1,617	7,508
TEXAS	5,527	765	6,292
UTAH	8,277	1,006	9,283
VERMONT	3,041	792	3,833
VIRGINIA	18,496	3,564	22,060
WASHINGTON	40,209	9,357	49,566
WEST VIRGINIA	10,151	2,085	12,236
WISCONSIN	36,900	10,937	47,837
WYOMING	5,060	2,476	7,536
TOTALS	751,458	190,026	941,958
PERCENT OF TOTAL	79.8%	20.2%	100.0%

- = Information not available.

o = See drug admissions exhibits for combined alcohol/drug data.

+ = Based on sample.

* = This total figure includes some clients whose sex was not reported (367 in Iowa and 107 in Kentucky).

** = Includes drug admissions.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984

EXHIBIT X

ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY AGE AND BY STATE FOR FISCAL YEAR 1984

STATE	Under 18	18 -20	21 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 and Over	Total
ALABAMA	15	78	472	1,331	1,088	662	359	85	4,090
ALASKA	-	-	-	-	-	-	-	-	-
ARIZONA	521	517	1,900	5,529	4,320	2,419	1,382	691	17,279
ARKANSAS	50	263	641	1,739	1,606	1,154	852	268	6,573
CALIFORNIA	1,400	2,300	7,000	36,000	31,000	18,300	9,000	1,600	106,600
COLORADO	709	2,077	3,294	15,341	10,477	6,255	3,267	1,010	44,430
CONNECTICUT	-	-	-	-	-	-	-	-	-
DELAWARE	-	-	-	-	-	-	-	-	-
DISTRICT OF COLU	-	221	591	738	2,215	2,953	443	221	7,382
FLORIDA	-	-	-	-	-	-	-	-	-
GEORGIA	283	1,163	2,475	7,812	8,385	6,449	3,719	1,131	31,417
HAWAII	257	58	150	593	386	231	98	15	1,788
IDAHO	-	-	-	-	-	-	-	-	-
ILLINOIS	-	-	-	-	-	-	-	-	-
INDIANA	1,167	1,024	2,571	3,377	1,612	1,000	635	271	11,657
IOWA	-	-	-	-	-	-	-	-	-
KANSAS	289	676	1,370	2,726	1,664	1,070	627	171	8,593
KENTUCKY	-	-	-	-	-	-	-	-	-
LOUISIANA	-	-	-	-	-	-	-	-	-
MAINE	-	-	-	-	-	-	-	-	-
MARYLAND	496	1,743	3,618	8,512	5,489	3,226	1,565	357	25,006
MASSACHUSETTS	1,252	2,139	5,643	20,116	16,300	10,578	6,275	1,648	63,951
MICHIGAN	1,471	2,094	4,421	12,074	7,797	3,912	1,922	568	34,259
MINNESOTA o	-	-	-	-	-	-	-	-	-
MISSISSIPPI	114	408	966	2,145	1,328	872	488	383	6,704
MISSOURI	141	749	1,699	4,973	4,458	3,085	1,690	312	17,107
MONTANA	1,167	1,064	1,845	1,738	3,454	1,152	710	261	11,391
NEBRASKA +	1,646	1,654	2,486	4,545	3,539	2,269	1,426	356	17,921
NEVADA	-	-	-	-	-	-	-	-	-
NEW HAMPSHIRE	124	191	286	772	447	231	111	40	2,202
NEW JERSEY	342	680	1,704	5,550	4,356	2,382	1,090	294	16,398
NEW MEXICO	-	-	-	-	-	-	-	-	-
NEW YORK	-	-	-	-	-	-	-	-	-
NORTH CAROLINA	230	651	1,841	6,115	5,829	4,249	2,342	832	22,089
NORTH DAKOTA +	1,543	309	1,749	1,852	1,646	1,854	823	452	10,228
OHIO	450	938	2,283	6,739	4,155	2,077	1,466	363	18,471
OKLAHOMA	-	-	-	-	-	-	-	-	-
OREGON	1,678	1,524	3,455	7,419	4,410	2,398	1,118	-	22,002
PENNSYLVANIA	-	-	-	-	-	-	-	-	-
PUERTO RICO	-	-	-	-	-	-	-	-	-
RHODE ISLAND	-	-	-	-	-	-	-	-	-
SOUTH CAROLINA	747	1,217	2,076	5,216	4,045	2,574	1,544	449	17,868
SOUTH DAKOTA	540	743	1,441	2,480	1,397	823	429	169	8,022
TENNESSEE	361	533	973	2,430	1,725	939	440	107	7,508
TEXAS	110	164	496	1,881	1,659	1,222	640	120	6,292
UTAH	93	310	956	2,997	2,193	1,636	953	145	9,283
VERMONT	128	279	577	1,352	856	405	171	65	3,833
VIRGINIA	972	1,728	3,237	6,547	4,472	2,880	1,426	345	21,607
WASHINGTON	-	-	-	-	-	-	-	-	-
WEST VIRGINIA	422	944	1,918	3,640	2,520	1,621	857	314	12,236
WISCONSIN	2,275	4,328	7,945	15,152	9,112	5,072	2,893	1,060	47,837
WYOMING	-	-	-	-	-	-	-	-	-
TOTALS	20,993	32,767	74,079	199,431	153,940	95,950	50,761	14,103	642,024
PERCENT OF TOTAL	3.3%	5.1%	11.5%	31.1%	24.0%	14.9%	7.9%	2.2%	100.0%

- = Information not available.

o = See drug admissions exhibits for combined alcohol/drug data.

+ = Includes drug admissions.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

Continued on the next page

EXHIBIT XI

ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1984

	Under 18			18 - 20			21 - 24			25 - 34		
STATE	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
ALABAMA	12	3	15	60	18	78	367	105	472	1,054	277	1,331
ALASKA	-	-	-	-	-	-	-	-	-	-	-	-
ARIZONA	287	234	521	367	150	517	1,387	513	1,900	4,147	1,382	5,529
ARKANSAS	40	10	50	206	57	263	562	79	641	1,456	283	1,739
CALIFORNIA	949	451	1,400	1,758	542	2,300	5,457	1,543	7,000	29,050	6,950	36,000
COLORADO	534	175	709	1,762	315	2,077	4,441	853	5,294	12,948	2,393	15,341
CONNECTICUT	-	-	-	-	-	-	-	-	-	-	-	-
DELAWARE	-	-	-	-	-	-	-	-	-	-	-	-
DISTRICT OF COL	-	-	-	-	-	-	-	-	-	-	-	-
FLORIDA	-	-	-	-	-	-	-	-	-	-	-	-
GEORGIA	216	67	283	947	216	1,163	1,959	516	2,475	6,328	1,484	7,812
HAWAII	133	124	257	42	16	58	125	25	150	495	98	593
IDAHO	-	-	-	-	-	-	-	-	-	-	-	-
ILLINOIS	-	-	-	-	-	-	-	-	-	-	-	-
INDIANA	-	-	-	-	-	-	-	-	-	-	-	-
IOWA	-	-	-	-	-	-	-	-	-	-	-	-
KANSAS	228	61	289	553	123	676	1,189	181	1,370	2,372	354	2,726
KENTUCKY	-	-	-	-	-	-	-	-	-	-	-	-
LOUISIANA	-	-	-	-	-	-	-	-	-	-	-	-
MAINE	-	-	-	-	-	-	-	-	-	-	-	-
MARYLAND	400	96	496	1,447	296	1,743	3,033	585	3,618	7,249	1,263	8,512
MASSACHUSETTS	741	511	1,252	1,618	521	2,139	4,292	1,351	5,643	16,512	3,604	20,116
MICHIGAN	916	555	1,471	1,735	359	2,094	3,509	912	4,421	9,607	2,467	12,074
MINNESOTA o	-	-	-	-	-	-	-	-	-	-	-	-
MISSISSIPPI	84	30	114	348	60	408	841	125	966	1,798	347	2,145
MISSOURI	87	54	141	570	179	749	1,381	318	1,699	4,223	750	4,973
MONTANA	653	514	1,167	774	290	1,064	1,280	565	1,845	1,088	650	1,738
NEBRASKA+	997	649	1,646	1,239	415	1,654	1,823	663	2,486	3,357	1,188	4,545
NEVADA	-	-	-	-	-	-	-	-	-	-	-	-
NEW HAMPSHIRE	62	62	124	135	56	191	230	56	286	618	154	772
NEW JERSEY	224	118	342	522	158	680	1,296	408	1,704	4,490	1,060	5,550
NEW MEXICO	-	-	-	-	-	-	-	-	-	-	-	-
NEW YORK	-	-	-	-	-	-	-	-	-	-	-	-
NORTH CAROLINA	148	82	230	510	141	651	1,505	336	1,841	4,919	1,196	6,115
NORTH DAKOTA	-	-	-	-	-	-	-	-	-	-	-	-
OHIO	273	177	450	663	275	938	1,835	448	2,283	5,350	1,389	6,739
OKLAHOMA	-	-	-	-	-	-	-	-	-	-	-	-
OREGON	-	-	-	-	-	-	-	-	-	-	-	-
PENNSYLVANIA	-	-	-	-	-	-	-	-	-	-	-	-
PUERTO RICO	-	-	-	-	-	-	-	-	-	-	-	-
RHODE ISLAND	-	-	-	-	-	-	-	-	-	-	-	-
SOUTH CAROLINA	524	223	747	1,043	174	1,217	1,773	303	2,076	4,434	782	5,216
SOUTH DAKOTA	264	276	540	506	237	743	1,161	280	1,441	1,900	580	2,480
TENNESSEE	250	111	361	404	129	533	776	197	973	1,935	495	2,430
TEXAS	83	27	110	125	39	164	407	89	496	1,622	259	1,881
UTAH	62	31	93	269	41	310	822	134	956	2,609	388	2,997
VERMONT	87	41	128	203	76	279	449	128	577	1,090	262	1,352
VIRGINIA	691	281	972	1,426	302	1,728	2,697	540	3,237	5,510	1,037	6,547
WASHINGTON	-	-	-	-	-	-	-	-	-	-	-	-
WEST VIRGINIA	320	102	422	782	162	944	1,595	323	1,918	2,992	648	3,640
WISCONSIN	1,436	839	2,275	3,335	993	4,328	6,310	1,635	7,945	11,812	3,340	15,152
WYOMING	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	10,701	5,904	16,605	23,349	6,340	29,689	52,502	13,211	65,713	150,965	35,080	186,045

- Information is not available or age breakouts are different than categories requested.

+ Includes drug admissions.

o See drug admissions exhibits for combined alcohol/drug data.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984

EXHIBIT XI (con't)

ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1984

STATE	35 - 44 Male	 Female	 Total	45 - 54 Male	 Female	 Total	55 - 64 Male	 Female	 Total	65 and Over Male	 Female	 Total
ALABAMA	865	223	1,088	540	122	662	284	75	359	70	15	85
ALASKA	-	-	-	-	-	-	-	-	-	-	-	-
ARIZONA	3,240	1,080	4,320	1,935	484	2,419	1,119	263	1,382	504	187	691
ARKANSAS	1,377	229	1,606	1,002	152	1,154	742	110	852	245	23	268
CALIFORNIA	25,524	5,476	31,000	15,337	2,963	18,300	7,489	1,511	9,000	1,336	264	1,600
COLORADO	9,159	1,318	10,477	5,438	817	6,255	2,949	318	3,267	901	109	1,010
CONNECTICUT	-	-	-	-	-	-	-	-	-	-	-	-
DELAWARE	-	-	-	-	-	-	-	-	-	-	-	-
DISTRICT OF COL	-	-	-	-	-	-	-	-	-	-	-	-
FLORIDA	-	-	-	-	-	-	-	-	-	-	-	-
GEORGIA	6,858	1,527	8,385	5,269	1,180	6,449	3,132	587	3,719	979	152	1,131
HAWAII	325	61	386	211	20	231	83	15	98	14	1	15
IDAHO	-	-	-	-	-	-	-	-	-	-	-	-
ILLINOIS	-	-	-	-	-	-	-	-	-	-	-	-
INDIANA	-	-	-	-	-	-	-	-	-	-	-	-
IOWA	-	-	-	-	-	-	-	-	-	46	12	58
KANSAS	1,449	215	1,664	957	113	1,070	582	45	627	158	13	171
KENTUCKY	-	-	-	-	-	-	-	-	-	-	-	-
LOUISIANA	-	-	-	-	-	-	-	-	-	-	-	-
MAINE	-	-	5,020	-	-	-	-	-	-	-	-	-
MARYLAND	4,643	846	5,489	2,761	465	3,226	1,333	232	1,565	319	38	357
MASSACHUSETTS	13,575	2,725	16,300	9,105	1,473	10,578	5,432	843	6,275	1,408	240	1,648
MICHIGAN	6,177	1,620	7,797	3,238	674	3,912	1,593	329	1,922	456	112	568
MINNESOTA o	-	-	-	-	-	-	-	-	-	-	-	-
MISSISSIPPI	1,106	222	1,328	766	106	872	422	66	488	327	56	383
MISSOURI	3,884	574	4,458	2,796	289	3,085	1,570	120	1,690	288	24	312
MONTANA	2,068	1,386	3,454	790	362	1,152	431	279	710	186	75	261
NEBRASKA+	2,631	908	3,539	1,872	397	2,269	1,213	213	1,426	281	75	356
NEVADA	-	-	-	-	-	-	-	-	-	-	-	-
NEW HAMPSHIRE	337	110	447	165	66	231	75	36	111	23	17	40
NEW JERSEY	3,572	784	4,356	2,026	356	2,382	900	190	1,090	258	36	294
NEW MEXICO	-	-	-	-	-	-	-	-	-	-	-	-
NEW YORK	-	-	-	-	-	-	-	-	-	-	-	-
NORTH CAROLINA	4,859	970	5,829	3,588	661	4,249	1,992	350	2,342	737	95	832
NORTH DAKOTA	-	-	-	-	-	-	-	-	-	-	-	-
OHIO	3,348	807	4,155	1,625	452	2,077	1,267	199	1,466	310	53	363
OKLAHOMA	-	-	-	-	-	-	-	-	-	-	-	-
OREGON	-	-	-	-	-	-	-	-	-	-	-	-
PENNSYLVANIA	-	-	-	-	-	-	-	-	-	-	-	-
PUERTO RICO	-	-	-	-	-	-	-	-	-	-	-	-
RHODE ISLAND	-	-	-	-	-	-	-	-	-	-	-	-
SOUTH CAROLINA	3,346	699	4,045	2,120	454	2,574	1,335	209	1,544	387	62	449
SOUTH DAKOTA	1,037	360	1,397	625	198	823	365	64	429	123	46	169
TENNESSEE	1,333	392	1,725	756	183	939	354	86	440	83	24	107
TEXAS	1,490	169	1,659	1,108	114	1,222	583	57	640	109	11	120
UTAH	1,940	253	2,193	1,550	86	1,636	894	59	953	131	14	145
VERMONT	685	171	856	330	75	405	139	32	171	58	7	65
VIRGINIA	3,716	756	4,472	2,469	411	2,880	1,232	194	1,426	302	43	345
WASHINGTON	-	-	-	-	-	-	-	-	-	-	-	-
WEST VIRGINIA	2,076	444	2,520	1,362	259	1,621	754	103	857	270	44	314
WISCONSIN	6,726	2,386	9,112	3,960	1,112	5,072	2,410	483	2,893	911	149	1,060
WYOMING	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	117,346	26,711	144,057	73,701	14,044	87,745	40,674	7,068	47,742	11,174	1,985	13,159

- Information is not available or age breakouts are different than categories requested.

+ Includes drug admissions.

o See drug admissions exhibits for combined alcohol/drug data.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984

the District of Columbia and Puerto Rico provided at least partial data. See Exhibit XII which follows. Overall, among the States reporting data the percent of client admissions that fell within the race/ethnicity categories specified were as follows:

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	74.8 %
Black, not of Hispanic origin	16.0 %
Hispanic	5.7 %
Asian or Pacific Islander	.2 %
American Indian or Alaskan Native	3.2 %
Race/ethnicity not reported	.1 %

2. Client Admissions to Treatment Services for Drug Abuse and Dependency

This subsection includes client data organized within three major areas including:

- Client admissions data by environment and modality;
- Client admissions data by sex, age, and race/ethnicity; and
- Client admissions data by primary drug of abuse.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Modality

Each State drug (and combined alcohol and drug) agency was asked to provide data on the "number of client admissions during Fiscal Year 1984 for drug abuse-related treatment services in all units which received at least some funds administered by the State agency." The

EXHIBIT XII

ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY RACE/ETHNICITY AND BY STATE FOR FISCAL YEAR 1984

STATE	White, Not of Hispanic Origin	Black, Not of Hispanic Origin	Hispanic	Asian Or Pacific Islander	American Indian Or Alaskan Native	Not Reported	Totals
ALABAMA	3,339	751	-	-	-	-	4,090
ALASKA	5,361	133	92	116	5,600	-	11,302
ARIZONA	10,194	518	2,419	104	3,974	70	17,279
ARKANSAS	5,629	889	22	12	21	-	6,573
CALIFORNIA	74,774	17,230	12,258	310	2,028	-	106,600
COLORADO	30,657	1,777	10,663	-	1,333	-	44,430
CONNECTICUT	9,374	2,172	1,009	-	-	38	12,593
DELAWARE	3,218	1,050	77	-	-	-	4,345
DISTRICT OF COL	642	6,392	148	-	-	-	7,382
FLORIDA	43,957	5,836	1,971	88	160	-	52,012
GEORGIA	23,230	8,133	30	2	22	-	31,417
HAWAII	1,116	61	57	596	21	110	1,961
IDAHO	5,813	28	260	-	394	54	6,549
ILLINOIS	39,831	11,480	2,264	55	269	-	53,899
INDIANA	10,107	1,412	235	-	3	-	11,757
IOWA	3,882	99	6	44	160	367	4,558
KANSAS	6,976	710	373	15	515	43	8,632
KENTUCKY	11,556	1,146	-	85	-	196	12,983
LOUISIANA	5,373	3,729	127	-	93	-	9,322
MAINE	-	-	-	-	-	-	-
MARYLAND	17,264	7,528	111	30	71	-	25,004
MASSACHUSETTS	57,019	5,165	1,413	29	327	-	63,953
MICHIGAN	26,845	6,168	652	-	778	31	34,474
MINNESOTA o	-	-	-	-	-	-	-
MISSISSIPPI	4,376	2,027	4	5	69	-	6,481
MISSOURI	13,413	3,395	108	4	187	-	17,107
MONTANA	9,478	38	158	22	1,680	15	11,391
NEBRASKA +	14,557	822	443	8	2,048	43	17,921
NEVADA	1,335	62	50	8	73	-	1,528
NEW HAMPSHIRE	2,214	9	4	-	9	-	2,236
NEW JERSEY	10,781	4,693	874	32	22	-	16,402
NEW MEXICO	-	-	-	-	-	-	-
NEW YORK	76,474	33,304	12,334	-	1,233	-	123,345
NORTH CAROLINA	16,158	5,553	24	51	303	-	22,089
NORTH DAKOTA +	8,230	103	206	0	1,749	-	10,288
OHIO	15,155	3,086	172	14	44	-	18,471
OKLAHOMA	4,894	416	87	10	968	-	6,375
OREGON	18,911	558	926	58	1,977	34	22,464
PENNSYLVANIA	28,941	13,092	965	77	-	-	43,075
PUERTO RICO	-	-	2,711	-	-	-	2,711
RHODE ISLAND	7,330	387	127	40	7	-	7,891
SOUTH CAROLINA	13,342	4,464	35	5	22	-	17,868
SOUTH DAKOTA	6,846	13	-	-	1,100	63	8,022
TENNESSEE	6,266	1,204	16	7	9	-	7,502
TEXAS	3,809	533	1,943	4	24	-	6,313
UTAH	6,947	229	1,043	49	978	-	9,246
VERMONT	-	-	-	-	-	-	-
VIRGINIA	15,989	5,186	216	30	43	143	21,607
WASHINGTON	41,494	2,370	2,118	268	3,093	223	49,566
WEST VIRGINIA	11,620	587	20	7	2	-	12,236
WISCONSIN	43,742	2,784	742	30	1,498	-	48,796
WYOMING	6,677	60	416	11	353	-	7,517
TOTALS	785,136	167,582	59,929	2,226	33,260	1,430	1,049,563
PERCENT OF TOTAL	74.8%	16.0%	5.7%	.2%	3.2%	.1%	100.0%

- Information not available.

+ Includes drug admissions.

o See drug admissions exhibits for combined alcohol/drug data.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

information requested included client admissions data organized by environment (hospital, residential, or outpatient) and by modality (detoxification, maintenance, or drug free). See Exhibit XIII which follows.

A total of 43 State agencies plus the District of Columbia and Puerto Rico provided at least partial data on drug client treatment admissions by modality and by environment. The grand total of drug client treatment admissions during Fiscal Year 1984 for these State agencies was 272,042. Of the drug client admissions 7,706 were to hospitals, 53,643 to residential facilities, and 210,693 to outpatient environments.

In terms of treatment modality, 38,625 drug client admissions were for detoxification, 38,713 for maintenance and 185,006 for drug-free types of treatment services. Within each of these three types of treatment modalities, the type of environment most often utilized was outpatient. The outpatient environment was utilized for 53.8 percent of the detoxification admissions, 97.2 percent of the maintenance admissions, and 78.2 percent of the drug-free admissions.

Thirty-nine States plus the District of Columbia provided information on the number of facilities which reported the client admissions data summarized above. See Exhibit XIV which follows for a State-by-State listing of the number of reporting facilities. These States reported that a total of 2,505 drug treatment units received at least some monies administered by the State drug agency during FY 1984.

Continued on next page

EXHIBIT XIII

DRUG CLIENT TREATMENT ADMISSIONS DATA BY TYPE OF ENVIRONMENT, BY TYPE OF MODALITY AND BY STATE FOR FISCAL YEAR 1984

TYPE OF MODALITY

	Detoxification				Maintenance			
State	Hospital	Residential	Out Patient	Totals	Hospital	Residential	Out Patient	Totals
ALABAMA	-	-	-	-	-	-	514	514
ALASKA	-	-	61	61	-	-	98	98
ARIZONA	2	78	3	83	-	-	728	728
ARKANSAS	-	32	-	32	-	-	-	-
CALIFORNIA	0	2,918	9,472	12,390	0	12	4,298	4,310
COLORADO	-	-	-	-	-	-	406	406
CONNECTICUT	-	-	1,005	1,005	71	35	2,034	2,140
DELAWARE	-	196	-	196	-	-	163	163
DISTRICT OF COLUMBIA	0	0	585	585	0	0	1,648	1,648
FLORIDA	0	436	156	592	0	0	2,007	2,007
GEORGIA	1,756	0	531	2,287	0	0	129	129
HAWAII	-	-	132	132	-	-	51	51
IDAHO	-	142	-	142	-	-	-	-
ILLINOIS	3	44	111	158	3	351	2,246	2,600
INDIANA	-	1,869	90	1,959	-	-	400	400
IOWA	-	24	14	38	1	4	13	18
KANSAS	-	-	-	-	-	-	-	-
KENTUCKY	-	-	-	-	-	-	-	-
LOUISIANA	2	474	-	476	-	-	160	160
MAINE+	-	-	-	-	-	-	-	-
MARYLAND	148	0	1,368	1,516	11	0	1,462	1,473
MASSACHUSETTS	-	443	673	1,116	-	-	224	224
MICHIGAN	-	1,055	381	1,436	-	-	2,839	2,839
MINNESOTA o	-	-	-	-	-	-	57	57
MISSISSIPPI	470	-	-	470	-	-	-	-
MISSOURI	96	225	60	381	-	1	570	571
MONTANA	20	-	-	20	-	-	-	-
NEBRASKA +	-	-	-	-	-	-	-	-
NEVADA	0	0	0	0	0	0	120	120
NEW HAMPSHIRE	-	-	-	-	-	-	-	-
NEW JERSEY	-	327	3,606	3,933	-	0	1,479	1,479
NEW MEXICO	-	-	-	-	-	-	-	-
NEW YORK	429	0	1,148	1,577	0	593	10,004	10,597
NORTH CAROLINA	-	-	-	-	-	-	-	-
NORTH DAKOTA +	-	-	-	-	-	-	-	-
OHIO	-	-	-	-	-	-	-	-
OKLAHOMA	-	-	-	-	-	-	38	38
OREGON	-	-	-	-	-	-	500	500
PENNSYLVANIA	2,857	1,061	69	3,987	-	-	1,757	1,757
PUERTO RICO	-	378	457	1,035	-	-	130	130
RHODE ISLAND	-	-	384	384	-	-	112	112
SOUTH CAROLINA	0	538	-	538	0	-	172	172
SOUTH DAKOTA	-	29	0	29	-	0	0	0
TENNESSEE	61	673	0	734	0	0	193	193
TEXAS	-	-	-	-	-	-	1,190	1,190
UTAH	156	31	25	212	0	19	205	224
VERMONT	0	0	0	0	0	0	0	0
VIRGINIA	-	-	-	-	-	-	-	-
WASHINGTON	-	-	499	499	-	-	1,208	1,208
WEST VIRGINIA	176	0	0	176	0	0	0	0
WISCONSIN	-	506	-	506	-	-	457	457
WYOMING	-	-	-	-	-	-	-	-
TOTALS	6,176	11,679	20,770	38,625	86	1,015	37,612	38,713
PERCENT OF TOTAL	16.0%	30.2%	53.8%	100.0%	.2%	2.6%	97.2%	100.0%

- = Information not available.

+ = See alcohol admissions exhibits for combined alcohol/drug data.

o = Alcohol admissions included.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984

EXHIBIT XIII (con't.)

DRUG CLIENT TREATMENT ADMISSIONS DATA BY TYPE OF ENVIRONMENT, BY TYPE OF MODALITY AND BY STATE FOR FISCAL YEAR 1984

TYPE OF MODALITY

	Drug Free				Totals By Type of Environment			
State	Hospital	Residential	Out Patient	Totals	Hospital	Residential	Out Patient	Totals
ALABAMA	-	309	2,406	2,715	-	309	2,920	3,229
ALASKA	-	133	708	841	-	133	867	1,000
ARIZONA	17	639	3,987	4,643	19	717	4,718	5,454
ARKANSAS	-	195	1,077	1,272	-	227	1,077	1,304
CALIFORNIA	0	5,738	19,882	25,620	0	8,668	33,652	42,320
COLORADO	197	187	2,187	2,571	197	187	2,593	2,977
CONNECTICUT	-	1,553	2,761	4,314	71	1,588	5,800	7,459
DELAWARE	-	-	434	434	-	196	597	793
DISTRICT OF COLUMBIA	0	186	651	837	0	186	2,884	3,070
FLORIDA	-	3,038	6,886	9,924	27	3,474	9,049	12,550
GEORGIA	0	883	5,001	5,884	1,756	883	5,661	8,300
HAWAII	-	75	557	632	-	75	740	815
IDAHO	-	198	829	1,027	-	340	829	1,169
ILLINOIS	1	1,620	3,813	5,434	7	2,015	6,170	8,192
INDIANA	10	706	3,329	4,045	10	2,575	3,819	6,404
IOWA	0	604	617	1,221	1	632	644	1,277
KANSAS	-	582	807	1,389	-	582	807	1,389
KENTUCKY	-	-	-	-	-	-	-	-
LOUISIANA	-	732	5,256	5,988	2	1,206	5,416	6,624
MAINE+	-	-	-	-	-	-	-	-
MARYLAND	39	466	9,463	9,968	198	466	12,293	12,957
MASSACHUSETTS	-	700	3,653	4,353	-	1,143	4,550	5,693
MICHIGAN	-	2,106	5,804	7,910	-	3,161	9,024	12,185
MINNESOTA o	-	287	594	881	-	287	651	938
MISSISSIPPI	17	-	625	642	487	-	625	1,112
MISSOURI	-	1,470	3,314	4,784	96	1,696	3,944	5,736
MONTANA	-	34	1,021	1,055	20	34	1,021	1,075
NEBRASKA +	-	-	-	-	-	-	-	-
NEVADA	0	216	701	917	0	216	821	1,037
NEW HAMPSHIRE	-	83	419	502	-	83	419	502
NEW JERSEY	-	1,270	3,941	5,211	-	1,597	9,026	10,623
NEW MEXICO	-	-	-	-	-	-	-	-
NEW YORK	-	7,382	16,993	24,375	429	7,975	28,145	36,549
NORTH CAROLINA	-	-	-	-	219	150	2,612	2,981
NORTH DAKOTA +	-	-	-	-	-	-	-	-
OHIO	-	-	-	-	-	-	-	-
OKLAHOMA	-	450	511	961	-	450	549	999
OREGON	-	250	2,467	2,717	-	250	2,967	3,217
PENNSYLVANIA	605	3,407	8,315	12,327	3,480	4,468	10,141	18,089
PUERTO RICO	-	218	2,203	2,421	-	796	2,790	3,586
RHODE ISLAND	-	168	1,569	1,737	-	168	2,065	2,233
SOUTH CAROLINA	0	48	2,916	2,964	0	586	3,088	3,674
SOUTH DAKOTA	-	146	547	693	-	175	547	722
TENNESSEE	0	407	1,993	2,400	61	1,080	2,186	3,327
TEXAS	-	670	5,740	6,410	-	670	6,930	7,600
UTAH	0	218	893	1,111	156	268	1,123	1,547
VERMONT	0	255	648	903	0	255	648	903
VIRGINIA	-	-	-	-	294	1,333	4,985	6,612
WASHINGTON	-	839	5,369	6,208	-	839	7,076	7,915
WEST VIRGINIA	0	53	696	749	176	53	696	925
WISCONSIN	-	945	3,071	4,016	-	1,451	3,528	4,979
WYOMING	-	-	-	-	-	-	-	-
TOTALS	886	39,466	144,654	185,006	7,706	53,643	210,693	272,042
PERCENT OF TOTAL	.5%	21.3%	78.2%	100.0%	2.8%	19.7%	77.5%	100.0%

- = Information not available.

+ = See alcohol admissions exhibits for combined alcohol/drug data.

o = Alcohol admissions included.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

EXHIBIT XIV

NUMBER OF FACILITIES BY STATE FROM WHICH DRUG TREATMENT ADMISSIONS WERE REPORTED FOR FISCAL YEAR 1984

STATE	NUMBER OF FACILITIES
ALABAMA	27
ALASKA	3
ARIZONA	65
ARKANSAS	16
CALIFORNIA	249
COLORADO	73
CONNECTICUT	50
DELAWARE	8
DISTRICT OF COLUMBIA	9
FLORIDA	103
GEORGIA	-
HAWAII	17
IDAHO	14
ILLINOIS	-
INDIANA	37
IOWA	26
KANSAS	30
KENTUCKY	-
LOUISIANA	40
MAINE*	-
MARYLAND	65
MASSACHUSETTS	77
MICHIGAN	224
MINNESOTA+	14
MISSISSIPPI	19
MISSOURI	72
MONTANA	13
NEBRASKA*	-
NEVADA	17
NEW HAMPSHIRE	23
NEW JERSEY	68
NEW MEXICO	-
NEW YORK	376
NORTH CAROLINA	-
NORTH DAKOTA*	-
OHIO	-
OKLAHOMA	7
OREGON	33
PENNSYLVANIA	309
PUERTO RICO	-
RHODE ISLAND	11
SOUTH CAROLINA	37
SOUTH DAKOTA	35
TENNESSEE	51
TEXAS	28
UTAH	45
VERMONT	25
VIRGINIA	93
WASHINGTON	53
WEST VIRGINIA	14
WISCONSIN	40
WYOMING	-
TOTALS	2,505

- = Information not available.

* = See alcohol admissions exhibits for combined alcohol/drug data.

+ = Includes alcohol facilities.

Cautionary Note: Since many facilities provide treatment services to alcohol and drug clients it is not appropriate to add the numbers of facilities in Exhibits VI (alcohol facilities) and XIV (drug facilities) in an attempt to obtain a grand total of of facilities. Also, since several States have reported combined facility data in one but not both of these exhibits, the total number of facilities with alcohol treatment admissions is higher than shown in Exhibit VI and the total number of facilities with drug treatment admissions is higher than shown in Exhibit XIV.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

States were also asked to provide information, if available, on the percentage of total drug abuse client admissions that also had a problem with alcohol. Thirty States plus the District of Columbia reported this information which ranged from a low of 5.0 percent of client admissions in Florida to a high of 69.5 percent in Vermont. See Exhibit XV which follows.

In interpreting the client admissions data noted above it is important to note that it is incomplete since several States did not report information and the data that were reported did not include facilities that received no State drug agency administered monies during FY 1984.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State drug (and alcohol and drug combined) agency was asked to provide data on "the number of client admissions during Fiscal Year 1984 in units which received at least some funds administered by the State Drug Agency for drug abuse treatment in each of the age, sex, race/ethnicity categories" specified.

Forty-one States plus the District of Columbia and Puerto Rico reported drug client admissions data by sex. See Exhibit XVI which follows. Overall, approximately 69 percent of the drug client admissions were males and 31 percent were females.

Thirty-two State agencies provided information on drug client admissions by age. See Exhibit XVII which follows. The proportions of client admissions that fell within the age-range categories requested were as follows:

EXHIBIT XV

PERCENT OF TOTAL DRUG CLIENT TREATMENT ADMISSIONS THAT ALSO HAD A PROBLEM WITH ALCOHOL BY STATE FOR FISCAL YEAR 1984

STATE	PERCENTAGES
ALABAMA	-
ALASKA	31.0
ARIZONA	-
ARKANSAS	47.0
CALIFORNIA	10.0
COLORADO	33.0
CONNECTICUT	21.2
DELAWARE	-
DISTRICT OF COLUMBIA	50.0
FLORIDA	5.0
GEORGIA	-
HAWAII	47.0
IDAHO	-
ILLINOIS	39.0
INDIANA	25.0
IOWA	-
KANSAS	38.0
KENTUCKY	-
LOUISIANA	-
MAINE	-
MARYLAND	35.4
MASSACHUSETTS	45.0
MICHIGAN	21.0
MINNESOTA	-
MISSISSIPPI	65.0
MISSOURI	31.3
MONTANA	8.0
NEBRASKA	-
NEVADA	25.0
NEW HAMPSHIRE	53.0
NEW JERSEY	6.8
NEW MEXICO	-
NEW YORK	-
NORTH CAROLINA	-
NORTH DAKOTA	-
OHIO	-
OKLAHOMA	37.0
OREGON	38.0
PENNSYLVANIA	-
PUERTO RICO	-
RHODE ISLAND	-
SOUTH CAROLINA	31.0
SOUTH DAKOTA	41.0
TENNESSEE	38.0
TEXAS	-
UTAH	35.0
VERMONT	69.5
VIRGINIA	30.0
WASHINGTON	12.3
WEST VIRGINIA	67.0
WISCONSIN	-
WYOMING	43.0

- = Information not available.

Source: Alcohol and Drug Abuse Profile, FY 1984.

EXHIBIT XVI

DRUG CLIENT TREATMENT ADMISSIONS DATA BY SEX AND BY STATE FOR FISCAL YEAR 1984

STATE	Sex Males	Females	Totals
ALABAMA	458	246	704
ALASKA	-	-	-
ARIZONA	3,498	1,956	5,454
ARKANSAS	939	365	1,304
CALIFORNIA	28,042	15,342	43,384
COLORADO	2,062	915	2,977
CONNECTICUT	5,247	2,071	7,318
DELAWARE	564	229	793
DISTRICT OF COLUMBIA	2,088	982	3,070
FLORIDA	-	-	-
GEORGIA	5,665	2,635	8,300
HAWAII	492	323	815
IDAHO	776	393	1,169
ILLINOIS	5,959	2,595	8,554
INDIANA	-	-	-
IOWA**	1,081	306	1,527
KANSAS	1,077	296	1,373
KENTUCKY**	2,747	1,257	4,034
LOUISIANA	4,836	1,788	6,624
MAINE*	-	-	-
MARYLAND	9,729	3,228	12,957
MASSACHUSETTS	3,918	1,775	5,693
MICHIGAN	8,092	3,939	12,031
MINNESOTA o	675	263	938
MISSISSIPPI	475	222	697
MISSOURI	3,528	2,207	5,735
MONTANA	662	413	1,075
NEBRASKA*	-	-	-
NEVADA	639	398	1,037
NEW HAMPSHIRE	329	173	502
NEW JERSEY	7,447	3,171	10,618
NEW MEXICO	-	-	-
NEW YORK	25,400	11,149	36,549
NORTH CAROLINA	2,222	759	2,981
NORTH DAKOTA	-	-	-
OHIO	11,700	5,617	17,317
OKLAHOMA	698	301	999
OREGON	2,162	1,055	3,217
PENNSYLVANIA	-	-	-
PUERTO RICO	3,281	305	3,586
RHODE ISLAND	1,460	773	2,233
SOUTH CAROLINA	2,622	1,052	3,674
SOUTH DAKOTA	485	287	772
TENNESSEE	2,118	1,209	3,327
TEXAS	5,660	1,940	7,600
UTAH	1,070	465	1,535
VERMONT	654	249	903
VIRGINIA	4,773	1,839	6,612
WASHINGTON	5,375	2,540	7,915
WEST VIRGINIA	711	214	925
WISCONSIN	3,177	1,460	4,637
WYOMING	-	-	-
TOTALS	174,593	78,702	253,465
PERCENT OF TOTAL	68.9%	31.1%	100.0%

- = Information not available.

o = Includes alcohol admissions.

* - See alcohol admissions exhibits for combined alcohol/drug data.

** = Iowa has 140 clients whose sex was not reported and Kentucky has 30.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984

EXHIBIT XVII

DRUG CLIENT TREATMENT ADMISSIONS DATA BY AGE AND BY STATE FOR FISCAL YEAR 1984

STATE	Under 18	18 - 20	21 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 and Over	Total
ALABAMA	41	76	151	275	94	14	9	44	704
ALASKA	-	-	-	-	-	-	-	-	-
ARIZONA	1,098	554	742	1,363	1,364	116	118	99	5,454
ARKANSAS	145	223	308	465	-	-	-	-	1,141
CALIFORNIA	2,724	3,546	7,726	21,062	6,494	1,454	326	52	43,384
COLORADO	410	272	463	1,330	397	68	29	8	2,977
CONNECTICUT	-	-	-	-	-	-	-	-	-
DELAWARE	-	-	-	-	-	-	-	-	-
DISTRICT OF COLUMB	116	241	798	996	836	83	0	0	3,070
FLORIDA	-	-	-	-	-	-	-	-	-
GEORGIA	797	959	1,648	3,566	943	234	121	32	8,300
HAWAII	403	52	54	212	75	17	1	1	815
IDAHO	-	-	-	-	-	-	-	-	-
ILLINOIS	1,454	928	1,028	3,672	1,102	289	75	6	8,554
INDIANA	640	768	1,345	1,089	-	-	-	-	3,842
IOWA	-	-	-	-	-	-	-	-	-
KANSAS	143	242	364	531	76	12	4	1	1,373
KENTUCKY	-	-	-	-	-	-	-	-	-
LOUISIANA	536	501	960	-	-	-	-	-	1,997
MAINE	-	-	-	-	-	-	-	-	-
MARYLAND	1,962	1,422	2,515	5,440	1,332	236	43	7	12,957
MASSACHUSETTS	400	200	1,641	2,837	529	55	16	15	5,693
MICHIGAN	1,590	875	1,447	5,689	2,024	289	82	45	12,031
MINNESOTA o	158	59	155	357	120	38	29	22	-
MISSISSIPPI	56	94	175	279	61	21	8	3	697
MISSOURI	653	591	1,198	2,313	739	174	52	17	5,737
MONTANA	183	176	243	177	231	40	22	3	1,075
NEBRASKA+	-	-	-	-	-	-	-	-	0
NEVADA	-	-	-	-	-	-	-	-	-
NEW HAMPSHIRE	161	83	69	145	32	7	4	1	502
NEW JERSEY	569	688	2,501	5,531	1,135	132	53	9	10,618
NEW MEXICO	-	-	-	-	-	-	-	-	-
NEW YORK	-	-	-	-	-	-	-	-	-
NORTH CAROLINA	162	355	609	1,380	351	89	26	9	2,981
NORTH DAKOTA+	-	-	-	-	-	-	-	-	0
OHIO	3,104	-	-	-	-	-	-	-	3,104
OKLAHOMA	-	-	-	-	-	-	-	-	-
OREGON	323	283	526	1,557	-	-	-	-	2,689
PENNSYLVANIA	-	-	-	14,819	-	-	-	-	-
PUERTO RICO	-	-	-	-	-	-	-	-	-
RHODE ISLAND	-	-	-	-	-	-	-	-	-
SOUTH CAROLINA	1,001	464	566	1,125	365	88	35	30	3,674
SOUTH DAKOTA	168	115	132	234	63	26	17	17	772
TENNESSEE	385	457	748	1,314	294	78	39	12	3,327
TEXAS	-	-	-	-	-	-	-	-	-
UTAH	121	183	254	682	230	41	18	6	1,535
VERMONT	182	123	190	279	100	14	4	11	903
VIRGINIA	1,237	648	1,144	2,922	515	99	33	14	21,627
WASHINGTON	-	-	-	-	-	-	-	-	-
WEST VIRGINIA	77	162	196	231	162	56	34	7	925
WISCONSIN	998	552	819	1,667	454	118	20	9	4,637
WYOMING	-	-	-	-	-	-	-	-	-
TOTALS	21,987	15,892	30,715	83,539	20,118	3,888	1,218	480	177,837
PERCENT OF TOTAL	12.4%	8.9%	17.3%	47.0%	11.3%	2.2%	.7%	.3%	100.0%

- = Information not available.

+ = See alcohol admissions chart for combined alcohol/drug data.

o = Includes alcohol admissions.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

Age	Percent of Admissions
Under 18	12.4 %
18-20	8.9 %
21-24	17.3 %
25-34	47.0 %
35-44	11.3 %
45-54	2.2 %
55-64	.7 %
65 and over	.3 %

In comparing the drug client admissions by age to the alcohol clients, it is clear that the drug client admissions tend to be younger (under 35 years of age), while the alcohol client admissions tend to be older (a higher proportion of alcohol client admissions fall in all age categories 35 and above).

With regard to drug client treatment admissions information by age and by sex, a total of twenty-six States plus the District of Columbia provided at least partial data according to the age categories specified. See Exhibit XVIII which follows. A number of states encountered problems in reporting client admissions age by sex.

With regard to drug client treatment admissions information by race/ethnicity, a total of 43 States plus the District of Columbia and Puerto Rico provided at least partial data. See Exhibit XIX which follows. Overall, among the States reporting data, the percent of clients that fell within the race/ethnicity categories specified were as follows:

Continued on next page

EXHIBIT XVIII

DRUG CLIENT TREATMENT ADMISSIONS DATA BY AGE, SEX AND BY STATE FOR FISCAL YEAR 1984

STATE	Under 18 Male	Under 18 Female	Under 18 Total	18 - 20 Male	18 - 20 Female	18 - 20 Total	21 - 24 Male	21 - 24 Female	21 - 24 Total	25 - 34 Male	25 - 34 Female	25 - 34 Total
ALABAMA	29	12	41	58	18	76	114	37	151	169	106	275
ALASKA	-	-	-	-	-	-	-	-	-	-	-	-
ARIZONA	677	421	1,098	379	175	554	509	233	742	868	495	1,363
ARKANSAS	-	-	-	-	-	-	-	-	-	-	-	-
CALIFORNIA	1,950	774	2,724	2,406	1,140	3,546	4,562	3,164	7,726	13,078	7,984	21,062
COLORADO	311	99	410	188	84	272	321	142	463	873	457	1,330
CONNECTICUT	-	-	-	-	-	-	-	-	-	-	-	-
DELAWARE	-	-	-	-	-	-	-	-	-	-	-	-
DISTRICT OF COL	79	37	116	164	77	241	543	255	798	677	319	996
FLORIDA	-	-	-	-	-	-	-	-	-	-	-	-
GEORGIA	583	214	797	693	266	959	1,118	530	1,648	2,474	1,092	3,566
HAWAII	222	181	403	30	22	52	33	21	54	140	72	212
IDAHO	-	-	-	-	-	-	-	-	-	-	-	-
ILLINOIS	993	461	1,454	717	211	928	711	317	1,028	2,445	1,227	3,672
INDIANA	-	-	-	-	-	-	-	-	-	-	-	-
IOWA	-	-	-	-	-	-	-	-	-	-	-	-
KANSAS	124	19	143	203	39	242	301	63	364	387	144	531
KENTUCKY	-	-	-	-	-	-	-	-	-	-	-	-
LOUISIANA	-	-	-	-	-	-	-	-	-	-	-	-
MAINE+	-	-	-	-	-	-	-	-	-	-	-	-
MARYLAND	1,350	612	1,962	1,159	263	1,422	1,928	587	2,515	4,055	1,385	5,440
MASSACHUSETTS	207	193	400	144	56	200	1,127	514	1,641	1,997	840	2,837
MICHIGAN	1,128	452	1,580	658	217	875	919	528	1,447	3,728	1,961	5,689
MINNESOTA o	105	53	158	46	13	59	121	34	155	251	106	357
MISSISSIPPI	37	19	56	67	27	94	129	46	175	194	85	279
MISSOURI	402	251	653	405	186	591	834	364	1,198	1,388	923	2,313
MONTANA	107	76	183	131	45	176	173	70	243	103	74	177
NEBRASKA+	-	-	-	-	-	-	-	-	-	-	-	-
NEVADA	-	-	-	-	-	-	-	-	-	-	-	-
NEW HAMPSHIRE	100	61	161	63	20	83	47	22	69	96	49	145
NEW JERSEY	398	171	569	492	196	688	1,637	864	2,501	3,901	1,630	5,531
NEW MEXICO	-	-	-	-	-	-	-	-	-	-	-	-
NEW YORK	-	-	-	-	-	-	-	-	-	-	-	-
NORTH CAROLINA	127	35	162	287	68	355	473	136	609	1,030	350	1,380
NORTH DAKOTA+	-	-	-	-	-	-	-	-	-	-	-	-
OHIO	-	-	-	-	-	-	-	-	-	-	-	-
OKLAHOMA	-	-	-	-	-	-	-	-	-	-	-	-
OREGON	-	-	-	-	-	-	-	-	-	-	-	-
PENNSYLVANIA	-	-	-	-	-	-	-	-	-	-	-	-
PUERTO RICO	-	-	-	-	-	-	-	-	-	-	-	-
RHODE ISLAND	-	-	-	-	-	-	-	-	-	-	-	-
SOUTH CAROLINA	699	302	1,001	364	100	464	428	138	566	835	290	1,125
SOUTH DAKOTA	91	77	168	89	26	115	94	38	132	148	86	234
TENNESSEE	265	120	385	314	143	457	479	269	748	856	458	1,314
TEXAS	-	-	-	-	-	-	-	-	-	-	-	-
UTAH	88	33	121	155	28	183	191	63	254	434	248	682
VERMONT	115	57	172	91	32	123	144	46	190	209	70	279
VIRGINIA	893	344	1,237	489	159	648	800	344	1,144	2,122	800	2,922
WASHINGTON	-	-	-	-	-	-	-	-	-	-	-	-
WEST VIRGINIA	56	21	77	131	31	162	154	42	196	172	59	231
WISCONSIN	654	344	998	409	143	552	589	230	819	1,179	488	1,667
WYOMING	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	11,790	5,439	17,229	10,332	3,785	14,117	18,479	9,097	27,576	43,810	21,799	65,609

- = Information not available or age breakouts are different than categories requested.

+ = See alcohol admissions exhibits for combined alcohol/drug data.

o = Includes alcohol admissions.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

EXHIBIT XVIII (con't.)

DRUG CLIENT TREATMENT ADMISSIONS DATA BY AGE, SEX AND BY STATE FOR FISCAL YEAR 1984

STATE	35 - 44 Male	35 - 44 Female	35 - 44 Total	45 - 54 Male	45 - 54 Female	45 - 54 Total	55 - 64 Male	55 - 64 Female	55 - 64 Total	65 and Over Male	65 and Over Female	65 and Over Total
ALABAMA	62	32	94	10	4	14	4	5	9	12	32	44
ALASKA	-	-	-	-	-	-	-	-	-	-	-	-
ARIZONA	868	496	1,364	58	58	116	59	59	118	80	19	99
ARKANSAS	-	-	-	-	-	-	-	-	-	-	-	-
CALIFORNIA	4,594	1,900	6,494	1,136	318	1,454	274	52	326	42	10	52
COLORADO	294	103	397	51	17	68	18	11	29	6	2	8
CONNECTICUT	-	-	-	-	-	-	-	-	-	-	-	-
DELAWARE	-	-	-	-	-	-	-	-	-	-	-	-
DISTRICT OF COLU	568	268	836	57	26	83	0	0	0	0	0	0
FLORIDA	-	-	-	-	-	-	-	-	-	-	-	-
GEORGIA	596	347	943	127	107	234	54	67	121	20	12	32
HAWAII	52	23	75	13	4	17	-	-	1	1	-	1
IDAHO	-	-	-	-	-	-	-	-	-	-	-	-
ILLINOIS	790	312	1,102	236	53	289	63	12	75	4	2	6
INDIANA	-	-	-	-	-	-	-	-	-	-	-	-
IOWA	-	-	-	-	-	-	-	-	-	-	-	-
KANSAS	52	24	76	6	6	12	3	1	4	1	0	1
KENTUCKY	-	-	-	-	-	-	-	-	-	-	-	-
LOUISIANA	-	-	-	-	-	-	-	-	-	-	-	-
MAINE+	-	-	-	-	-	-	-	-	-	-	-	-
MARYLAND	1,018	314	1,332	185	51	236	31	12	43	3	4	7
MASSACHUSETTS	388	141	529	37	18	55	8	8	16	10	5	15
MICHIGAN	1,385	639	2,024	203	86	289	53	29	82	18	27	45
MINNESOTA o	75	45	120	30	8	38	28	1	29	19	3	22
MISSISSIPPI	34	27	61	11	10	21	2	6	8	1	2	3
MISSOURI	401	338	739	79	95	174	16	36	52	3	14	17
MONTANA	118	113	231	18	22	40	10	12	22	2	1	3
NEBRASKA+	-	-	-	-	-	-	-	-	-	-	-	-
NEVADA	-	-	-	-	-	-	-	-	-	-	-	-
NEW HAMPSHIRE	22	10	32	1	6	7	0	4	4	0	1	1
NEW JERSEY	896	239	1,135	85	47	132	32	21	53	6	3	9
NEW MEXICO	-	-	-	-	-	-	-	-	-	-	-	-
NEW YORK	-	-	-	-	-	-	-	-	-	-	-	-
NORTH CAROLINA	249	102	351	36	53	89	14	12	26	6	3	9
NORTH DAKOTA+	-	-	-	-	-	-	-	-	-	-	-	-
OHIO	-	-	-	-	-	-	-	-	-	-	-	-
OKLAHOMA	-	-	-	-	-	-	-	-	-	-	-	-
OREGON	-	-	-	-	-	-	-	-	-	-	-	-
PENNSYLVANIA	-	-	-	-	-	-	-	-	-	-	-	-
PUERTO RICO	-	-	-	-	-	-	-	-	-	-	-	-
RHODE ISLAND	-	-	-	-	-	-	-	-	-	-	-	-
SOUTH CAROLINA	215	150	365	46	42	88	12	23	35	23	7	30
SOUTH DAKOTA	39	24	63	12	14	26	5	12	17	7	10	17
TENNESSEE	156	138	294	30	48	78	12	27	39	6	6	12
TEXAS	-	-	-	-	-	-	-	-	-	-	-	-
UTAH	155	75	230	28	13	41	15	3	18	4	2	6
VERMONT	80	20	100	9	5	14	1	3	4	5	6	11
VIRGINIA	383	132	515	66	33	99	13	20	33	7	7	14
WASHINGTON	-	-	-	-	-	-	-	-	-	-	-	-
WEST VIRGINIA	127	35	162	40	16	56	25	9	34	6	1	7
WISCONSIN	288	166	454	51	67	118	6	14	20	1	8	9
WYOMING	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	13,905	6,213	20,118	2,661	1,227	3,888	758	459	1,218	293	187	480

- = Information not available or age breakouts are different than categories requested.

+ = See alcohol admissions exhibits for combined alcohol/drug data.

o = Includes alcohol admissions.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984

EXHIBIT XIX

DRUG CLIENT TREATMENT ADMISSIONS DATA BY RACE/ETHNICITY AND BY STATE FOR FISCAL YEAR 1984

STATE	White, Not of Hispanic Origin	Black, Not of Hispanic Origin	Hispanic	Asian Or Pacific Islander	American Indian Or Alaskan Native	Not Reported	Totals
ALABAMA	552	152	-	-	-	-	704
ALASKA	798	66	12	20	104	-	1,000
ARIZONA	3,704	258	1,046	52	362	32	5,454
ARKANSAS	1,012	287	-	-	5	-	1,304
CALIFORNIA	21,958	7,296	13,210	574	312	34	43,384
COLORADO	2,352	208	367	20	30	-	2,977
CONNECTICUT	4,684	1,691	910	-	-	33	7,318
DELAWARE	507	272	14	-	-	-	793
DISTRICT OF COL	240	2,794	36	-	0	-	3,070
FLORIDA	9,056	2,385	753	-	-	356	12,550
GEORGIA	6,236	2,000	10	6	8	40	8,300
HAWAII	264	20	20	502	9	-	815
IDAHO	1,101	6	38	-	16	8	1,169
ILLINOIS	4,774	3,201	532	14	23	10	8,544
INDIANA	5,443	833	128	-	-	-	6,404
IOWA	1,282	58	5	21	21	140	1,527
KANSAS	1,124	199	25	1	20	20	1,389
KENTUCKY	3,274	421	-	26	-	40	3,761
LOUISIANA	3,818	2,650	90	-	66	-	6,624
MAINE	-	-	-	-	-	-	-
MARYLAND	6,552	6,312	41	34	18	-	12,957
MASSACHUSETTS	4,524	796	345	9	19	-	5,693
MICHIGAN	6,997	4,790	209	-	94	10	12,100
MINNESOTA o	769	78	11	1	79	-	938
MISSISSIPPI	516	177	2	0	2	-	697
MISSOURI	4,074	1,591	42	8	21	-	5,736
MONTANA	957	5	17	2	94	-	1,075
NEBRASKA +	-	-	-	-	-	-	-
NEVADA	848	120	58	3	8	-	1,037
NEW HAMPSHIRE	482	5	10	0	5	-	502
NEW JERSEY	6,142	3,443	1,009	16	8	-	10,618
NEW MEXICO	-	-	-	-	-	-	-
NEW YORK	17,828	10,792	7,511	-	-	418	36,549
NORTH CAROLINA	2,066	862	7	-	40	6	2,981
NORTH DAKOTA +	-	-	-	-	-	-	-
OHIO	-	-	-	-	-	-	-
OKLAHOMA	791	115	14	2	77	-	999
OREGON	2,841	157	88	16	115	-	3,217
PENNSYLVANIA	12,354	5,694	1,699	-	141	-	19,888
PUERTO RICO	-	-	3,586	-	-	-	3,586
RHODE ISLAND	1,984	185	55	2	7	-	2,233
SOUTH CAROLINA	2,734	922	9	3	6	-	3,674
SOUTH DAKOTA	648	15	-	0	103	6	772
TENNESSEE	2,816	534	10	2	2	-	3,364
TEXAS	4,060	1,150	2,379	-	10	10	7,709
UTAH	1,328	58	117	6	28	-	1,537
VERMONT	-	-	-	-	-	-	-
VIRGINIA	4,892	1,586	66	-	-	68	6,612
WASHINGTON	6,614	789	213	87	212	-	7,915
WEST VIRGINIA	861	63	0	1	0	-	925
WISCONSIN	3,737	606	115	3	271	-	4,732
WYOMING	-	-	-	-	-	-	-
TOTALS	169,594	65,642	34,809	1,431	2,336	1,231	275,043
PERCENT OF TOTAL	61.7%	23.9%	12.7%	.5%	.8%	.4%	100.0%

- Information not available.

o Includes alcohol admissions.

+ See alcohol admissions exhibits for combined alcohol/drug data.

Note: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	61.7 %
Black, not of Hispanic origin	23.9 %
Hispanic	12.7 %
Asian or Pacific Islander	.5 %
American Indian or Alaskan Native	.8 %
Race/ethnicity not reported	.4 %

A comparision of the drug client admissions to the alcohol client admissions in terms of race/ethnicity, reveals that the drug client admissions include a higher proportion of Blacks, Hispanics, and Asian or Pacific Islanders, while the alcohol client admissions consist of more Whites (74.8 percent compared to 61.7 percent among drug clients) and American Indians or Alaskan Natives (3.2 percent as compared to .8 percent among drug client admissions).

c. Client Admissions Data by Primary Drug of Abuse

Each State drug (and alcohol and drug combined) agency was asked to provide information on the number of client admissions by the primary drug of abuse. Forty State agencies provided relatively complete data in response to the specific primary drug categories requested. See Exhibit XX. Thirty-nine States plus the District of Columbia and Puerto Rico provided at least partial data in response to this question. The totals indicate that, overall, heroin mentions constitute a large portion of drugs of choice. However, a State-by-State analysis indicates that, with few exceptions, the cocaine and/or marijuana mentions either far exceed or follow very closely behind heroin.

EXHIBIT XX

Continued on next page

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1984

STATE	HEROIN	AMPHETAMINES	INHALENTS	NON-RX METHADONE	COCAINE	OVER THE COUNTER	OTHER OPIATES & SYNTHETICS	MARIJUANA/ HASHISH	TRANQUILIZERS
ALABAMA	-	45	-	-	78	-	577	217	-
ALASKA	77	11	6	3	311	2	108	358	7
ARIZONA	1,239	316	201	24	756	42	330	1,698	160
ARKANSAS	16	160	36	2	89	5	132	615	59
CALIFORNIA	21,690	2,212	202	130	4,450	50	1,252	4,848	388
COLORADO	362	227	67	8	700	8	253	857	74
CONNECTICUT	4,333	50	9	103	741	1	210	715	32
DELAWARE	248	176	7	7	47	4	21	249	8
DISTRICT OF COL	2,403	2	-	-	4	-	-	8	-
FLORIDA	1,504	272	63	64	3,465	22	1,433	4,153	200
GEORGIA	-	-	-	-	-	-	-	-	-
HAWAII	205	5	7	3	63	1	13	484	3
IDAHO	30	61	14	3	92	5	52	584	18
ILLINOIS	3,666	537	52	19	1,029	27	357	1,782	147
INDIANA	-	-	-	-	-	-	-	-	-
IOWA	64	153	8	2	112	4	29	901	39
KANSAS	-	-	-	-	-	-	-	749	49
KENTUCKY	-	-	-	-	-	-	-	-	-
LOUISIANA	203	45		26	237		186	4,788	1
MAINE	-	-	-	-	-	-	-	-	-
MARYLAND	5,163	393	128	156	1,091	47	291	3,708	242
MASSACHUSETTS	2,209	94	7	25	816	15	398	1,199	155
MICHIGAN	4,996	367	29	101	919	31	1,149	3,051	242
MINNESOTA	97	255	50	-	247	-	142	608	-
MISSISSIPPI	24	52	16	1	48	4	91	312	15
MISSOURI	684	264	48	10	191	9	551	1,960	112
MONTANA	-	-	-	-	-	-	-	-	-
NEBRASKA	-	-	-	-	-	-	-	-	-
NEVADA	294	40	4	3	105	3	60	401	10
NEW HAMPSHIRE	14	27	0	0	109	2	4	268	7
NEW JERSEY	6,947	895	20	125	1,136	52	352	312	151
NEW MEXICO	-	-	-	-	-	-	-	-	-
NEW YORK	18,052	584	25	365	4,896	69	542	7,031	495
NORTH CAROLINA	-	-	-	-	-	-	-	-	-
NORTH DAKOTA	-	-	-	-	-	-	-	-	-
OHIO	-	-	-	-	-	-	-	-	-
OKLAHOMA	20	38	30	1	38	1	66	331	17
OREGON	769	583	29	13	503	2	318	802	58
PENNSYLVANIA	5,239	4,133	110	218	1,471	45	1,330	4,010	547
PUERTO RICO	1,731	-	44	1	80	-	10	1,676	18
RHODE ISLAND	407	112	17	32	520	19	222	318	247
SOUTH CAROLINA	384	208	70	40	428	3	235	1,791	115
SOUTH DAKOTA	9	0	16	0	34	0	8	340	28
TENNESSEE	88	219	48	14	122	8	717	681	103
TEXAS	2,284	1,471	488	11	393	15	616	1,592	86
UTAH	245	110	32	16	243	12	201	514	42
VERMONT	43	33	1	3	109	8	36	576	28
VIRGINIA	1,748	397	20	13	436	26	555	2,632	59
WASHINGTON	2,582	363	-	-	530	16	-	2,544	229
WEST VIRGINIA	57	113	59	0	52	9	84	214	68
WISCONSIN	-	-	-	-	-	-	-	-	-
WYOMING	20	46	11	1	76	32	10	355	27
TOTALS	90,325	15,069	1,974	1,543	26,767	599	12,941	60,192	4,286

- = Information not available.

Note: Grand total for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

EXHIBIT XX (con't.)

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1984

STATE	BARBITURATES	HALLUCINOGENS	PCP	OTHER SEDATIVES & SYNTHETICS	OTHER	TOTAL
ALABAMA	103	9	-	-	758	1,787
ALASKA	7	8	0	4	64	966
ARIZONA	81	115	37	72	133	5,204
ARKANSAS	53	18	13	94	12	1,304
CALIFORNIA	250	220	6,684	244	104	42,724
COLORADO	28	70	5	15	303	2,977
CONNECTICUT	39	48	5	11	962	7,459
DELAWARE	13	27	5	6	14	832
DISTRICT OF COL	-	-	653	-	-	3,070
FLORIDA	184	127	34	448	255	12,224
GEORGIA	-	-	-	-	-	0
HAWAII	11	2	1	7	10	815
IDAHO	27	22	-	27	44	979
ILLINOIS	171	236	181	80	238	8,522
INDIANA	-	-	-	-	-	0
IOWA	22	41	1	20	1	1,397
KANSAS	-	21	-	67	27	913
KENTUCKY	-	-	-	-	-	0
LOUISIANA	5	31	34	93	975	6,624
MAINE	-	-	-	80	-	80
MARYLAND	167	134	817	101	66	12,504
MASSACHUSETTS	73	80	66	49	12	5,198
MICHIGAN	109	130	93	64	899	12,180
MINNESOTA	-	120	-	146	31	1,696
MISSISSIPPI	41	9	1	40	20	674
MISSOURI	99	29	123	-	255	4,315
MONTANA	-	-	-	-	-	0
NEBRASKA	-	-	-	-	-	0
NEVADA	19	14	37	44	3	1,037
NEW HAMPSHIRE	4	19	0	0	48	502
NEW JERSEY	266	154	53	130	18	10,611
NEW MEXICO	-	-	-	-	-	0
NEW YORK	417	322	495	768	1,559	35,620
NORTH CAROLINA	-	-	-	-	-	0
NORTH DAKOTA	-	-	-	-	-	0
OHIO	-	-	-	-	-	0
OKLAHOMA	6	5	25	3	8	589
OREGON	26	71	2	35	6	3,217
PENNSYLVANIA	676	176	189	363	304	18,811
PUERTO RICO	4	4	-	1	17	3,586
RHODE ISLAND	60	174	20	34	486	2,668
SOUTH CAROLINA	146	38	-	68	148	3,674
SOUTH DAKOTA	58	4	2	12	30	540
TENNESSEE	109	38	11	200	212	2,570
TEXAS	222	137	18	122	119	7,574
UTAH	52	18	3	45	14	1,547
VERMONT	10	12	1	16	67	903
VIRGINIA	92	138	178	218	100	6,612
WASHINGTON	176	91	32	-	-	6,563
WEST VIRGINIA	102	95	4	34	34	925
WISCONSIN	-	-	-	-	-	0
WYOMING	3	11	3	0	13	608
TOTALS	3,931	3,018	9,826	3,761	8,369	242,601

- = Information not available.

Note: Grand total for the client exhibits may differ depending on Staate ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1984

V. NUMBER OF PROGRAMS AND CLIENTS/PERSONS SERVED IN SPECIAL FOCUS AREAS INCLUDING PREVENTION, INTOXICATED DRIVERS, AND EMPLOYEE ASSISTANCE

Each State alcohol and drug agency was asked to provide an estimate of the total number of programs and clients/persons served in three types of special focus areas, including prevention programs, intoxicated driver programs and employee assistance programs. In providing data on prevention programs and intoxicated driver programs the State agencies were not limited to providing information solely on those programs that received at least some State agency administered funds. Information was also requested on the name and address of the State alcohol/drug agency staff responsible for intoxicated driver programs and for employee assistance programs. The data collected are organized into three areas as follows:

- Prevention Program Services;
- Intoxicated Driver Program Services; and
- Employee Assistance Program Services.

Information is provided on each of these areas in the following three subsections.

1. Prevention Program Services

Each State alcohol and drug agency was asked to provide estimates on the total number of prevention programs and clients/persons served during Fiscal Year 1984 regardless of funding source. Prevention programs were categorized as either school-based or other (e.g., community-based programs not located in schools). See the first two columns of Exhibit XXI which follows.

From a total of 40 States plus the District of Columbia and Puerto Rico which provided estimates, a total of 2,597 school-based prevention programs were identified. The number of programs per State ranged from one each in three States to over 1,000 in West Virginia. It is important to note that the numbers provided are the best estimates from each State agency and that the scope of a prevention project may range from a small mini-grant limited to one community to a comprehensive education, training, and prevention resource center that may serve an entire State. Therefore, as one analyzes a State's involvement in the prevention area, it is important to consider not only the number of separate prevention programs funded by the State, but also the number of persons served, the amount of money allocated by the State for prevention and the involvement of other agencies and groups in supporting prevention activities within the State.

In addition to providing estimates on the total number of prevention programs the State agencies were also asked to estimate the total number of persons served in their States by both school-based and other prevention programs. See the latter two columns of Exhibit XXI.

Since prevention programs vary in nature from those that provide intensive services to a small number of high risk individuals to those that serve the general public through media campaigns, it is difficult to compare the number of persons served across programs either within or across States. While recognizing these limitations, the estimates provided by the States are useful since they indicate overall prevention services and some directions for further study and analysis.

EXHIBIT XXI

TOTAL NUMBER OF PREVENTION PROGRAMS AND ESTIMATED CLIENTS/PERSONS SERVED BY STATE FOR FISCAL YEAR 1984

STATE	Prevention Programs		Clients/Persons Served	
	School-Based	Other	School-Based	Other
ALABAMA	31	31	-	245,688
ALASKA	1	9	25,150	101,756
ARIZONA	30+	30+	-	-
ARKANSAS	4	27	3,500	13,000
CALIFORNIA	-	500+	-	-
COLORADO	19	23	64,500	15,000
CONNECTICUT	20	10	18,816	1,982
DELAWARE	-	2*	-	28,199*
DISTRICT OF COLUMBIA	1	13	100,000	100,000
FLORIDA	-	-	-	-
GEORGIA	-	-	-	-
HAWAII	6	1	450	40
IDAHO	2	-	15,000	-
ILLINOIS	35	5	-	-
INDIANA	40	16	40,000	26,000
IOWA	167	22	96,176	74,004
KANSAS	7	9	77,932	48,127
KENTUCKY	-	15	-	-
LOUISIANA	-	-	-	4,018
MAINE	50	1	94,845	2,954
MARYLAND	35	35	53,690	35,588
MASSACHUSETTS	1	68	500	355,170
MICHIGAN	60	35	460,000	215,000
MINNESOTA	400	470	-	-
MISSISSIPPI	17	17	16,164	6,715
MISSOURI	2	20	-	-
MONTANA	33	15	22,858	-
NEBRASKA	1	13	40	1,500
NEVADA	17	9	-	22,000
NEW HAMPSHIRE	142	17	6,178	11,291
NEW JERSEY	-	92	-	23,152
NEW MEXICO	-	-	-	-
NEW YORK	111	250	42,000	207,000
NORTH CAROLINA	-	-	-	-
NORTH DAKOTA	27	35	10,000	2,000
OHIO	-	233	-	305,327
OKLAHOMA	3	6	1,320	21,312
OREGON	4	5	-	-
PENNSYLVANIA	96	96	527,700	462,600
PUERTO RICO	1	1	520	176,484
RHODE ISLAND	3	5	11,300	4,800
SOUTH CAROLINA	23	53	3,767	255,000
SOUTH DAKOTA	30	26	5,500	5,782
TENNESSEE	21	16	756	2,115
TEXAS	11	47	71,059	373,619
UTAH	58	48	89,449	1,094,769
VERMONT	82	51	15,000	134,600
VIRGINIA	51	63	-	-
WASHINGTON	77	53	23,000	14,000
WEST VIRGINIA	530	1,002	25,600	31,000
WISCONSIN	324	93	309,858	16,400
WYOMING	24	24	9,630	1,500
TOTALS	2,597	3,612	2,242,258	4,439,492

- = Information not available

+ = Information only available for drug prevention programs.

* = Combined school and community-based.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

A total of 32 States plus the District of Columbia and Puerto Rico provided estimates as to the number of persons served by school-based prevention programs during FY 1984, while 36 States plus the District of Columbia and Puerto Rico provided estimates on the number of persons served by other than school-based prevention programs during FY 1984. These States' best estimates are that 2,242,258 persons were served by school-based programs and 4,439,492 persons were served by other school-based programs. In terms of school-based prevention programs those States indicating the highest number of persons served include Pennsylvania (527,700), Michigan (460,000), Wisconsin (309,858), and the District of Columbia (100,000). With regard to other than school-based programs those States indicating the highest numbers of persons served include Utah (1,094,769), Pennsylvania (462,600), Texas (373,619) and Massachusetts (355,170).

2. Intoxicated Driver Program Services

Each State alcohol and drug agency was asked to provide estimates on both the number of intoxicated driver programs in the State and the number of clients/persons served by those programs. Agencies from a total of 44 States plus the District of Columbia and Puerto Rico provided information on the number of intoxicated driver programs. See the first column of Exhibit XXII which follows. The estimate of the total number of programs in all of these States is 2,551. However, it should be noted that the program and management structures vary among States. While some States may encourage one comprehensive statewide program, other States may support a large number of

EXHIBIT XXII

TOTAL NUMBER OF INTOXICATED DRIVER PROGRAMS AND PERSONS SERVED BY STATE FOR FISCAL YEAR 1984

STATE	Intoxicated Driver Programs	Persons Served
ALABAMA	28	16,730
ALASKA	14	10,635
ARIZONA	20	-
ARKANSAS	14	12,729
CALIFORNIA	118	288,222
COLORADO	169	7,612
CONNECTICUT	17	7,747
DISTRICT OF COL	5	4,500
DELAWARE	3	1,042
FLORIDA	-	-
GEORGIA	16	1,100
HAWAII	66	1,980
IDAHO	18	4,000
ILLINOIS	200	12,000
INDIANA	35	17,000
IOWA	44	2,836
KANSAS	37	9,294
KENTUCKY	-	-
LOUISIANA	-	-
MAINE	584	7,268
MARYLAND	24	17,065
MASSACHUSETTS	30	21,394
MICHIGAN	105	52,000
MINNESOTA	60	10,208
MISSISSIPPI	23	2,505
MISSOURI	50	14,869
MONTANA	47	4,187
NEBRASKA	24	2,200
NEVADA	34	5,000
NEW HAMPSHIRE	9	933
NEW JERSEY	21	32,000
NEW MEXICO	-	-
NEW YORK	64	32,900
NORTH CAROLINA	-	-
NORTH DAKOTA	15	800
OHIO	96	40,614
OKLAHOMA	0	0
OREGON	-	18,394
PENNSYLVANIA	67	20,291
PUERTO RICO	1	1,045
RHODE ISLAND	1	66 *
SOUTH CAROLINA	36	9,803
SOUTH DAKOTA	18	10,054
TENNESSEE	25	5,514
TEXAS	107	69,350
UTAH	29	3,611
VERMONT	16	3,276
VIRGINIA	25	27,000
WASHINGTON	132	22,214
WEST VIRGINIA	14	2,368
WISCONSIN	72	28,917
WYOMING	18	974
TOTALS	2,551	864,247

- = Information not available.

* = Represents data for two-month period.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

much smaller programs. Despite such differences the total number of persons served by these different structures could be similar. The highest number of intoxicated driver programs were reported by the following States: Maine (584 programs), Illinois (200 programs), Colorado (169 programs), and Washington (132 programs).

In addition to providing information on the total number of intoxicated driver programs the State agencies were asked to estimate the total number of persons served by these programs. A total of 44 States plus the District of Columbia provided such estimates. See the second column of Exhibit XXII.

The total number of intoxicated drivers served as estimated by the States that reported data is 864,247 persons. Those States that reported the highest number of persons served by intoxicated driver programs include California (288,222), Texas (69,350), Michigan (52,000) and Ohio (40,614). These figures are influenced by several factors including a State's population and program capacity, a State's intoxicated driver laws and the enforcement (or lack of enforcement) of those laws by police officers and the judiciary.

Finally, each State alcohol and drug agency was asked to provide the name, address and telephone number of the State Alcohol/Drug Agency staff person responsible for intoxicated driver programs within the State. This information is provided within in Appendix C.

3. Employee Assistance Program Services

Each State alcohol and drug agency was asked to provide information on the total number of State employees during Fiscal

Year 1984, the percent of those employees covered by an Employee Assistance Program (EAP), and the percentage of covered employees who actually received alcohol/drug assessment, treatment or referral services from the EAP. In addition, each State alcohol and drug agency was asked to indicate whether the State Alcohol/Drug Agency, Health Agency and/or Mental Health Agency are covered by an EAP. It is reasonable to assume that the estimates provided with regard to the State government EAPs are probably quite accurate.

Of those States that were able to provide the estimated percentage of State employees covered by an EAP (44 plus the District of Columbia and Puerto Rico) more than half reported that all or nearly all State employees had access to an EAP. Nine States reported not having EAP coverage for State employees, while the remaining States reported from .9 percent (Texas) to 18 percent (Kansas) to 85 percent (New York) State government employees were covered by an EAP. See Exhibit XXIII.

Thirty-one States plus the District of Columbia provided data on the percentage of covered State employees who actually "received alcohol/drug assessment, treatment or referral services" from an EAP. Those States reporting this information gave percentage estimates varying from a low of .2 percent (Virginia) to a high of 25 percent (Colorado, although Colorado reported that this figure represents a broad brush program).

In addition, each State alcohol and drug agency was asked to provide the name, address and telephone number of the State alcohol/drug agency staff person responsible for Employee Assistance Programs within the State. A list of each State

EXHIBIT XXIII

NUMBER OF STATE EMPLOYEES, PERCENT COVERED BY AN EMPLOYEE ASSISTANCE PROGRAM AND PERCENT WHO RECEIVED ALCOHOL/DRUG SERVICES BY STATE FOR FISCAL YEAR 1984

STATE	NUMBER OF STATE EMPLOYEES	% COVERED BY EAP	% RECEIVED ALCOHOL/DRUG SERVICES FROM EAP
ALABAMA	29,500	10.0	0
ALASKA	14,000	0	0
ARIZONA	19,500	100.0	-
ARKANSAS	38,000	0	0
CALIFORNIA	156,164	97.0	-
COLORADO	26,000	100.0	25.0+
CONNECTICUT	45,000	100.0	.5
DELAWARE	-	100.0	-
DISTRICT OF COLUMBIA	39,000	100.0	2.0
FLORIDA	33,000	100.0	-
GEORGIA	-	-	-
HAWAII	45,500	100.0	.3
IDAHO	12,000	0	0
ILLINOIS	61,000	98.0	1.7
INDIANA	-	-	-
IOWA	23,692	27.0	1.4
KANSAS	40,000	18.0	2.7
KENTUCKY	29,780	69.7	1.0
LOUISIANA	280	0	0
MAINE	12,000	100.0	-
MARYLAND	63,000	95.0	-
MASSACHUSETTS	79,400	53.0	3.5
MICHIGAN	57,110	100.0	.7
MINNESOTA	35,685	100.0	.7
MISSISSIPPI	26,000	0	-
MISSOURI	52,000	100.0	-
MONTANA	14,000	-	-
NEBRASKA	14,000	0	0
NEVADA	9,250	100.0	-
NEW HAMPSHIRE	9,285	0	0
NEW JERSEY	70,000	100.0	.3
NEW MEXICO	-	-	-
NEW YORK	197,000	85.0	1.0
NORTH CAROLINA	-	-	-
NORTH DAKOTA	3,300	100.0	2.0
OHIO	55,151	100.0	-
OKLAHOMA	38,900	10.0	-
OREGON	40,500	26.0	14.6
PENNSYLVANIA	97,000	82.0	0
PUERTO RICO	244,397	3.4	-
RHODE ISLAND	20,000*	100.0	**
SOUTH CAROLINA	44,200	100.0	-
SOUTH DAKOTA	10,000	0	0
TENNESSEE	15,300	100.0	2.0
TEXAS	-	.9*	.9*
UTAH	12,000	-	-
VERMONT	7,000	100.0	1.0
VIRGINIA	80,000	37.0	.2
WASHINGTON	67,349	100.0	2.0
WEST VIRGINIA	-	100.0	0
WISCONSIN	55,000	100.0	3.0
WYOMING	12,000	0	0

* = Estimate

** = Program recently implemented, data are not yet available.

+ = Not limited to alcohol/drug services.

- = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

staff contact for Employee Assistance Programs is provided within Appendix D.

State alcohol and drug agencies were asked to provide information on EAP coverage of specific State government agencies. Forty-eight States plus the District of Columbia and Puerto Rico indicated whether EAP coverage was provided for the State Alcohol/Drug Agency, the State Health Agency, and/or the State Mental Health Agency. See Exhibit XXIV which follows. The vast majority of those States reporting this information indicated that all three agencies within the State are covered by an EAP.

EXHIBIT XXIV

STATE GOVERNMENT ORGANIZATIONS COVERED BY AN EMPLOYEE ASSISTANCE PROGRAM BY STATE FOR FISCAL YEAR 1984

STATE	STATE ALCOHOL/ DRUG AGENCY	HEALTH AGENCY	MENTAL HEALTH AGENCY
ALABAMA	YES	YES	YES
ALASKA	NO	NO	NO
ARIZONA	YES	YES	YES
ARKANSAS	NO	NO	NO
CALIFORNIA	YES	YES	YES
COLORADO	YES	YES	YES
CONNECTICUT	YES	YES	YES
DELAWARE	YES	YES	YES
DISTRICT OF COLUMBIA	YES	YES	YES
FLORIDA	YES	YES	YES
GEORGIA	-	-	-
HAWAII	YES	YES	YES
IDAHO	NO	NO	NO
ILLINOIS	YES	YES	YES
INDIANA	YES	YES	YES
IOWA	YES	YES	YES
KANSAS	YES	YES	YES
KENTUCKY	YES	YES	YES
LOUISIANA	NO	NO	NO
MAINE	YES	YES	YES
MARYLAND	YES	YES	YES
MASSACHUSETTS	YES	YES	YES
MICHIGAN	YES	YES	YES
MINNESOTA	YES	YES	YES
MISSISSIPPI	NO	NO	NO
MISSOURI	YES	YES	YES
MONTANA	YES	-	-
NEBRASKA	NO	NO	NO
NEVADA	YES	YES	YES
NEW HAMPSHIRE	YES	YES	YES
NEW JERSEY	YES	YES	YES
NEW MEXICO	YES	YES	YES
NEW YORK	YES	YES	YES
NORTH CAROLINA	-	-	-
NORTH DAKOTA	YES	YES	YES
OHIO	YES	YES	YES
OKLAHOMA	YES	-	-
OREGON	YES	-	YES
PENNSYLVANIA	YES	YES	YES
PUERTO RICO	YES	-	-
RHODE ISLAND	YES	-	YES
SOUTH CAROLINA	YES	YES	YES
SOUTH DAKOTA	NO	NO	NO
TENNESSEE	YES	YES	YES
TEXAS	YES(A)	-	-
UTAH	YES	-	YES
VERMONT	YES	YES	YES
VIRGINIA	YES	YES	YES
WASHINGTON	YES	YES	YES
WEST VIRGINIA	YES	YES	YES
WISCONSIN	YES	YES	YES
WYOMING	NO	NO	NO

- = Information not available.

(A) = Alcohol agency only.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

VI. UNMET NEEDS FOR TREATMENT AND PREVENTION SERVICES

Each State alcohol and drug abuse agency was asked to indicate whether there is an unmet need for treatment and/or prevention services in the State. The States were also asked to provide as an attachment any available background information which depicts such unmet needs. State-by-State information on unmet needs is attached as Appendix E.

Responses to the question of unmet need for treatment and/or prevention services were received from 47 States, plus the District of Columbia and Puerto Rico. For a tabulation of the specific data from each State see Exhibit XXV, which follows on the next page. Among the States which responded to the issue of treatment services, 45 States plus the District of Columbia and Puerto Rico (98 percent of the respondents) indicated that an unmet need for treatment services exists within their State. With regard to prevention services, 45 States plus the District of Columbia and Puerto Rico (96 percent of the respondents) indicated that an unmet need exists within their State.

Narrative responses describing unmet needs were received from 37 States and Puerto Rico. See Appendix E. The scope of the narrative comments and information retrieved from the attachments provided by the States is quite broad, ranging from information on the general need for increased financial resources to the need for specialized programs for youth, from a need for increased services to Hispanics and Native Americans to the need for services for criminal and other from DWI offenders. Highlights from the information submitted by the States have been organized into the following categories of need:

EXHIBIT XXV

UNMET NEED FOR TREATMENT AND/OR PREVENTION SERVICES BY STATE FOR FISCAL YEAR 1984

STATE	TREATMENT SERVICES	PREVENTION SERVICES
ALABAMA	YES	YES
ALASKA	YES	YES
ARIZONA	YES	YES
ARKANSAS	YES	-
CALIFORNIA	YES	YES
COLORADO	YES	YES
CONNECTICUT	YES	YES
DELAWARE	YES	YES
DISTRICT OF COLUMBIA	YES	YES
FLORIDA	NO	NO
GEORGIA	YES	YES
HAWAII	YES	YES
IDAHO	YES	YES
ILLINOIS	YES	YES
INDIANA	YES	YES
IOWA	YES	YES
KANSAS	YES	YES
KENTUCKY	YES	YES
LOUISIANA	YES	YES
MAINE	YES	YES
MARYLAND	YES	YES
MASSACHUSETTS	YES	YES
MICHIGAN	YES	YES
MINNESOTA	YES	YES
MISSISSIPPI	YES	YES
MISSOURI	YES	NO
MONTANA	YES	YES
NEBRASKA	YES	YES
NEVADA	YES	YES
NEW HAMPSHIRE	YES	YES
NEW JERSEY	YES	YES
NEW MEXICO	-	-
NEW YORK	YES	YES
NORTH CAROLINA	-	-
NORTH DAKOTA	YES	YES
OHIO	YES	YES
OKLAHOMA	YES	YES
OREGON	YES	YES
PENNSYLVANIA	YES	YES
PUERTO RICO	YES	YES
RHODE ISLAND	YES	YES
SOUTH CAROLINA	YES	YES
SOUTH DAKOTA	-	-
TENNESSEE	YES	YES
TEXAS	YES	YES
UTAH	YES	YES
VERMONT	YES	YES
VIRGINIA	YES	YES
WASHINGTON	YES	YES
WEST VIRGNINA	YES	YES
WISCONSIN	YES	YES
WYOMING	YES	YES

- = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1984.

- Youth and Women;
- Hispanics and Native Americans;
- Criminal Justice System; and
- DWI Offenders.

1. Youth and Women

A total of 16 State agencies identified a need to expand treatment and/or prevention services to children and adolescents and/or women. Of these responses, 12 reported the need to expand services to children and adolescents and five expressed a need for services to women and their dependent children.

Six of the responses related to the need to expand services for youth outlined a critical need for the development or expansion of juvenile beds in residential programs and/or halfway houses. These States include Iowa, Maryland, New Hampshire, North Dakota, Texas and Vermont. One State mentioned the need to expand outpatient services to youth, noting that the agency had previously initiated residential programs for youth. Two State agencies (Iowa and Maryland) also reported the need for increased identification and referral of alcohol and drug abusing youth by juvenile courts. A need to expand adolescent treatment services, in general, was identified by six States (Maine, Oregon, Pennsylvania, Rhode Island, Utah and West Virginia). Pennsylvania also described a need for intervention and treatment services for juvenile Driving While Intoxicated offenders.

Four State agencies described the need for expanded treatment services for women including the need for an inpatient program for addicted women and their dependent children

(Louisiana), a specialized rural center for women (Puerto Rico), a specialized residential treatment program for women (Vermont) and a halfway transitional residence and extended care facility for women (Maine). One State (Connecticut) specifically mentioned the need to replicate basic life skills programs for low income women and children.

2. **Hispanics and Native Americans**

Six State agencies identified a need to expand services to the Hispanic and/or Native American population. Three States identified a need to expand services for Hispanics, two States identified a need to increase services to Native Americans and one State expressed a need to increase services to both populations.

Three State agencies identified a need for increased alcohol-related services and/or programs for Hispanics. The California State agency reported a need for technical assistance and training in general treatment and Hispanic-specific alcohol programs to improve the assessment of local needs and delivery of appropriate services to Hispanics. Both Connecticut and Utah noted the need for treatment programs geared to Hispanic alcoholics.

Wisconsin identified two areas of need related to the Native American population. The first relates to a need for increasing and expanding existing prevention programs on the reservations; the second area is the need to improve communication and understanding between persons on reservations and in counties. North Dakota reported a need to increase the availability of all treatment phases for Native Americans. The

State of Michigan identified the need to increase assistance to the Hispanic and Native American populations.

3. Criminal Justice System

The need to increase services to the criminal justice system population and staff was identified by seven State agencies. Five State agencies (Louisiana, Maine, Maryland, Texas and Puerto Rico) reported the need to develop or expand current efforts to identify, evaluate and refer parolees, probationers or members of the incarcerated population who have alcohol and/or drug abuse problems. South Carolina expressed a need for additional personnel to reduce delays in the enrollments and assessments currently being conducted in its existing pre-trial programs. The State of Wisconsin noted the need to expand educational programs in correctional facilities to address physical and lifestyle effects related to chemical abuse.

4. DWI Offenders

Seven State agencies identified an unmet need for services related to Driving While Intoxicated (DWI) offenders and programs. Of those seven, five State agencies (Louisiana, Massachusetts, Montana, Puerto Rico and Vermont) reported the need to increase the capability of publicly funded programs to provide services to increasing numbers of DWI offenders being referred to treatment programs. The need to develop a more intensive approach for meeting the needs and problems of second DWI offenders was identified by New Hampshire. Also, Texas reported the need to maintain and enforce minimum standards for the operation of the DWI education programs throughout the

State. Massachusetts expressed concern over the increasing reliance being placed on publicly-funded treatment programs to provide outpatient treatment services to indigent DWI clients, particularly when waiting lists of up to six weeks are common.

VII. NARRATIVE REPORTS OF SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT SERVICES IN FISCAL YEAR 1984 BY STATE

Each State alcohol and drug abuse agency was asked to provide a narrative description of any significant changes in services which may have occurred during Fiscal Year 1984 and the reasons for such changes. Agencies from 39 States plus the District of Columbia submitted narrative information in response to this request. The reports provided by the States are attached as Appendix F.

The scope of the narrative comments that were provided is quite broad ranging from information on changes in States' financial resources to the impact of new State legislation on the service delivery system, from the increased focus by States on prevention efforts to data on the types of persons served and drug use trends. The information submitted has been organized into the following five categories:

- Changes in Financial Resources;
- Intoxicated Driver Legislation and Services;
- Prevention Programs and Services;
- Client and Drug Use Trends; and
- Other Significant Developments.

Summary information from the States is presented within the following subsections.

1. Changes in Financial Resources

A total of 28 State agencies provided comments related to either increases or decreases in treatment and/or prevention funds. Many of these funding changes appear to be related to the significant reduction in Federal funds which accompanied the authorization of the ADMS Block Grant in 1981. Some of the strategies used by States to compensate for Federal funding reductions included increasing State appropriations for alcohol and drug abuse treatment and prevention services, collaborating with the private sector, and utilizing revenues generated from drunk driving offenses to treat indigent clients. Examples of changes in funding include California which received a Statewide funding increase of $2.5 million for underserved populations in county alcohol programs. In Iowa, the State legislature more than doubled the State appropriation for FY 1985 substance abuse services. The District of Columbia has attempted to address the problem of inadequate funding by placing greater emphasis on collaborative efforts between government and private industry. Both New York and Montana are struggling to maintain their current level of services by utilizing Block Grant carry-over funds. Some States have expressed serious concerns that utilization of various means of creative financing (e.g., increasing third party revenues and implementing various cost containment measures) will eventually prove ineffective if Federal cutbacks in funding continue.

A few States have been able to open new treatment programs through increased State appropriations. Tennessee, for example, received a $500,000 appropriation to fund an adolescent residential treatment facility designed to provide 3-4 months of intensive treatment plus aftercare services in the client's community for at least one year. Texas recently opened three new community-based diversion programs designed to transfer public inebriates from the criminal justice system to the treatment system.

2. Intoxicated Driver Legislation and Services

Thirteen of the States included information on State changes in intoxicated driver legislation and the impact of those changes on their treatment system. These States include Alabama, Colorado, Iowa, Kentucky, Massachusetts, Michigan, Missouri, Ohio, Texas, Utah, Washington, West Virginia and Wisconsin. In addition, a few other States have instituted comprehensive programs in response to the needs of intoxicated driving offenders.

The majority of these States recently passed DWI legislation which establishes stricter penalties for those convicted of drunk driving and includes the provision of screening and referral to treatment. Six States (Colorado, Massachusetts, Michigan, Texas, West Virginia and Wisconsin) commented that implementation of new or revision of existing Driving While Intoxicated (DWI) legislation has resulted in a tremendous strain on their treatment system, particularly outpatient treatment. In many States this strain has resulted in a lack of available services in some areas. Texas explained that many persons convicted of DWI seek outpatient services in order to avoid missing time off from their jobs which would be the case if they were placed in a residential facility. In addition, other States (Alabama, Kentucky, Massachusetts, and Missouri) noted an expansion of DWI schools and programs as a result of intensified enforcement of the DWI laws.

Some States have established interagency agreements within their States that assist in coordinating the expertise of key agencies which implement comprehensive DWI schools and programs. One State (Washington) passed DWI legislation that requires the development of DWI assessment services, which, in turn, led to an increase in staff, development of a testing instrument, establishment of program standards, and approval of over one hundred facilities to conduct assessments in DWI cases.

Ohio recently passed legislation that not only requires suspension of the license of those convicted of DWI, but also establishes procedures for pretrial suspension of one's license upon arrest. In addition, the legislation establishes driver intervention programs in lieu of jail and requires a $75.00 reinstatement fee for return of the license. These reinstatement fees were budgeted for treatment of indigents.

3. Prevention Programs and Services

Fiscal Year 1984 saw a tremendous increase in the level of emphasis States placed on the prevention of alcohol and drug abuse. Of the 40 State agencies that submitted narrative information on significant changes in services, 24 States discussed the area of prevention. These States included Alaska, California, Colorado, Connecticut, the District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Maine, Michigan, Minnesota, Missouri, Montana, New Hampshire, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, and Wisconsin. All but one of these States (Connecticut) increased their support for prevention services. California received an ongoing legislative appropriation for the provision of school based prevention services, while the Washington alcohol and drug agency was authorized to spend $865,000 per year on prevention with $800,000 going to counties on a per capita basis and $65,000 used to expand a support network for prevention services. In addition, the alcohol and drug agency in Utah received an increase of $2 million to fund prevention activities. Other States' activities were as follows:

- As a result of a directive by the Governor which reaffirmed the Public Health model for responding to alcoholism, the Alaska State alcohol and drug agency received an allocation for a Statewide education program to promote the concept of alcoholism as a disease and abstinence as the accepted response.
- The Louisiana legislature passed legislation establishing the Office of Prevention and Recovery from Alcohol and Drug Abuse as an agency separate from the Office of Mental Health. The new office is dedicated to prevention and recovery and has a long range goal of ameliorating problems associated with alcohol and drug abuse through Statewide efforts.
- In the spring of 1984 the State of Maine initiated an increase in prevention programming which resulted in five new prevention programs representing $125,000 in Block Grant funds.
- In FY 1984 the State of Minnesota set aside funds for the development of prevention programs in facilities of higher education.
- The Division of Substance Abuse in Rhode Island has established a systematic continuum of drug and alcohol prevention services which specifically targets children and adolescents.

- In Texas, the growing recognition of the problems faced by the children of alcoholics has resulted in funding of some pilot programs by the Texas Commission on Alcoholism; also, a survey conducted by the agency projects an increase in the demand for services for this population.

Connecticut's situation has been entirely different. Prevention efforts in that State have suffered as a result of decreased Federal funding and it has become necessary for those involved to focus their efforts on maintaining the status quo. The reduction in Federal funding has made it impossible for the State to either replicate any successful prevention program models or to develop a multi-level Statewide prevention system.

4. Client and Drug Use Trends

A number of significant changes relating to clients have already been discussed above. Other trends relating to clients which were mentioned by selected States include the following:

- A growing number of younger persons with substance abuse problems entering the treatment system;
- Increase in the number of cases of multiple substance abuse in client admissions; and
- Increase in the number of cocaine mentions in treatment admissions.

Information on the primary drug of abuse is contained within an earlier section of this report. However, within their narrative comments, three States (Colorado, Maryland, and Michigan) specifically referred to increasing heroin and cocaine problems, with Maryland also noting an increase in younger aged heroin addicts. In addition, the District of Columbia noted a high incidence of PCP abuse in FY 1984.

5. Other Significant Developments

In addition to the significant changes in services noted above, some States provided information on other significant changes:

- Six States (Connecticut, Iowa, Kentucky, Michigan, Montana, and Tennessee) have encouraged and worked in closer cooperation with various parent and community groups to combat the problem of substance abuse among youth. While in some instances the efforts of these groups has placed a strain on the State's treatment system, it has resulted in an increase in the quality of prevention and intervention services delivered.
- Montana recently passed legislation that requires insurance coverage for alcohol and drug abuse treatment. New Hampshire has secured a commitment from that State's largest provider of medical insurance to provide third party benefits for the State's alcohol and drug dependent residents from the private sector. In addition, the District of Columbia recently introduced legislation requiring mandatory insurance coverage.
- Three States (Kentucky, Texas, and West Virginia) have focused some efforts on the plight of the public inebriate. Kentucky recently passed legislation decriminalizing public intoxication; Texas, as mentioned earlier in this report, opened three new

programs which will allow public inebriates to receive treatment in a community based setting rather than in the criminal justice system; and West Virginia recently passed legislation mandating emergency care for public inebriates.

NASADAD

National Association of State Alcohol and Drug Abuse Directors

President
Thomas B. Kirkpatrick, Jr., Esq., JD, LLM
Illinois

First Vice President
Anne D. Robertson
Mississippi

Vice President for Alcohol Abuse Issues
Luceille Fleming
Pennsylvania

Vice President for Drug Abuse Issues
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California
Jeffrey N. Kushner
Oregon

Executive Director
William Butynski, Ph.D.

November 2, 1984

Dr. Lefiga Liaiga, Director
Public Health Services
LBJ Tropical Medical Center
Pago Pago, American Samoa 96799

Dear Dr. Liaiga:

I am writing to request your continued participation in the National Association's information collection activities. As you know our National Association has recently signed a new three year contract with the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to implement and operate the State Alcohol and Drug Abuse Profile (SADAP). The current contract represents the continuation of work undertaken by our National Association under two previous data contracts from the Institutes.

Under the initial NIDA-NIAAA contract, awarded in 1982, the State and Territorial Directors unanimously expressed their willingness to participate in a NASADAD voluntary data collection effort as recommended and designed by a State consultant group. The data collection strategy was tested in the Spring of 1983. Under the second contract, awarded in July, 1983, the information collection instrument was further refined by a second State consultant group and resulted in the SADAP data collection effort conducted late last year. All 50 States, the District of Columbia and Puerto Rico participated in the 1983 SADAP which resulted in the comprehensive report entitled State Resources and Services Related to Alcohol and Drug Abuse Problems: An Analysis of State Alcoholism and Drug Abuse Profile Data. The current contract, awarded on September 18, 1984, will permit the States and Territories to continue to provide on a voluntary basis over a three year period information on alcohol and drug abuse services which is of value and interest to the States, the Federal Government and the U. S. Congress. Two special studies on topics yet to be determined will also be conducted each year.

The attached form, which I ask that you complete and submit to the NASADAD office by December 12, 1984, is the result of many hours of effort by a third State consultant group made up of your peers and staff. The form is designed to solicit information on both funding resources, alcohol and drug client services, as well as other items such as the current need for services in your State and the number of prevention programs. Responses to the attached questionnaire should be gathered from secondary information sources already existing at the State level. As with last year's effort, a report displaying the information collected through the SADAP effort on a national and State-by-State basis will be made available to you once it is completed.

Since the questionnaire has been designed to be a simple, straight forward instrument, no formal instructions for completing the attached form have been produced. Please note, however, that when a question asks you to provide information from your most recently completed Fiscal Year (FY 1984) or for future Fiscal Years (FY 1985 or 1986) it is to be information based on your State Fiscal Year. Also, for the first time, funding data collected by SADAP will be primarily retrospective rather than prospective. Further, this year several of the questions request you to provide information for only those programs which received at least some funds administered by the State Alcohol/Drug Agency. For those programs, please provide information on all resources and clients in the program, not just the services or clients which are supported by State Alcohol/Drug Agency administered funds. A glossary of terms has been included to assist State staff in resolving questions surrounding definitions of terms. If you have any questions or require clarification on any of the requested items, please do not hesitate to contact Nancy Record, Project Manager for SADAP.

On behalf of the NASADAD Board of Directors and myself, I thank you for your cooperation and participation in our information collection efforts.

Sincerely,

Thomas B. Kirkpatrick Jr.

Thomas B. Kirkpatrick, Jr.
President

Enclosures

NASADAD
STATE ALCOHOL AND DRUG ABUSE PROFILE

State: ______________ State Contact: ______________ Telephone: ______________

Please complete and return this form by December 12, 1984 to: NASADAD, 444 North Capitol Street, N.W., Suite 530, Washington, D.C. 20001.

FUNDING INFORMATION

1. Report the allocation of dollars for alcohol and drug abuse services by source of funding and type of activity for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1984.

Funding Source	Type of Activity Treatment	Prevention	Other	Total
A. ADMS Block Grant				
B. Other Federal				
C. State A/D Agency				
D. Other State				
E. County or Local				
F. Other Sources				
G. Total				

2. What percent of the alcohol and drug portion of your State's ADMS Block Grant was allocated in FY 1984 for alcohol services ___% and for drug services ___% (these two figures should equal 100%).

3. Do you have information on the allocation of dollars for alcohol and drug services by:

   A. State agencies other than those dollars reported in Question 1 (e.g., Department of Corrections, Department of Education, Department of Motor Vehicles, etc.)? Yes _______ No _______

   B. Programs which do not receive any funds administered by the State Alcohol/Drug Agency? Yes _______ No _______

4. What is the current (FY 1985) level of State monies for activities supported by the State Alcohol/Drug Agency?
   A. $_______

   Estimate next year's (FY 1986) level of State monies for activities supported by the State Alcohol/Drug Agency.
   B. $_______

   (Note: These figures should correspond to the total of the State A/D Agency monies, Item 1 C)

ALCOHOL CLIENT INFORMATION

5. Enter the number of client admissions during FY 1984 for alcohol related treatment services in all units which received at least some funds administered by the State Alcohol Agency:

A.

	TYPE OF CARE			
ENVIRONMENT	Detoxification	Rehabilitation/ Residential	Outpatient	Total
Hospital				
Non-Hospital				
Total				

B. Enter the total number of treatment units represented above _______.

C. If known, indicate the percentage of total admissions that are DWI/DUI referrals: _______

D. If known, indicate the percentage of total alcohol client admissions that had a problem with drugs other than alcohol: _______.

6. Enter the number of client admissions during FY 1984 in units which received at least some funds administered by the State Alcohol Agency for alcohol related treatment services in each of the age, sex, race/ethnicity categories below. If unable to provide age by sex, provide totals by age and sex categories.

A.

SEX AGE	CLIENTS		TOTAL
	MALE	FEMALE	
Under 18			
18-20			
21-24			
25-34			
35-44			
45-54			
55-64			
65 and over			
Total			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic origin	
Black, not of Hispanic origin	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Total	

(Note: Grand totals in Questions 5 A and 6 A and B should agree.)

DRUG ABUSE CLIENT INFORMATION

7. Enter the number of client admissions during FY 1984 for drug abuse related treatment services in all units which received at least some funds administered by the State Drug Agency:

A.

	MODALITY			
ENVIRONMENT	Detoxification	Maintenance	Drug Free	Total
Hospital				
Residential				
Outpatient				
Total				

B. Enter the total number of treatment units represented above ________.

C. If known, indicate the percentage of total drug abuse client admissions that also had a problem with alcohol: ________.

8. Of the drug abuse related client admissions noted in item 7 A above, provide the numbers of clients that reported their primary drug of abuse as:

Heroin ________
Non-RX Methadone ________
Other Opiates and Synthetics ________
Barbiturates ________
Other Sedatives and Synthetics ________

Amphetamines ________
Cocaine ________
Marijuana/Hashish ________
Hallucinogens ________

Inhalants ________
Over-the-Counter ________
Tranquilizers ________
PCP ________
Other ________

9. Enter the number of client admissions during FY 1984 in units which received at least some funds administered by the State Drug Agency for drug abuse treatment services in each of the age, sex, race/ethnicity categories below. If unable to provide age by sex, provide totals by age and sex categories.

A.

AGE \ SEX	CLIENTS MALE	CLIENTS FEMALE	TOTAL
Under 18			
18-20			
21-24			
25-34			
35-44			
45-54			
55-64			
65 and over			
Total			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic origin	
Black, not of Hispanic origin	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Total	

(Note: Grand totals in Questions 7 A and 9 A and B should agree.)

OTHER INFORMATION

10. Enter the total number of alcohol and/or drug treatment units which receive funds administered by the State Alcohol/Drug Agency: ________

11. Estimate the number of programs and clients/persons served during FY 1984 in each of the following categories (not limited to programs that received at least some funds administered by the State Alcohol/Drug Agency).

A.

	Intoxicated Driver Programs	Prevention Programs School-Based	Prevention Programs Other
Number of Programs			
Number of Clients/ Persons Served			

B. Provide the name, address and telephone number for the State Alcohol/Drug Agency staff person responsible for:

	Intoxicated Driver Programs	Employee Assistance Programs
Name	________	________
Address	________	________
	________	________
	________	________
Tel. No.	________	________

12. Provide information on:

A. The total number of State employees during FY 1984: ________

B. The percent of those employees covered by an Employee Assistance Program (EAP): ________

C. The percent of covered employees who received alcohol/drug assessment, treatment or referral services from the EAP: ________

D. The following State government organizations are covered by an EAP: (Check all that apply)

____ State Alcohol/Drug Agency ____ Health Agency ____ Mental Health Agency

13. Within your State is there an unmet need for:

A. Treatment services? Yes ____ No ____

B. Prevention services? Yes ____ No ____

Please provide as an attachment any available background information which describes unmet needs (e.g., the relevant section from your State budget submission or testimony; information on waiting lists; any other evidence or documentation on need for alcohol/drug services).

14. Describe within a page of narrative, any significant changes in alcohol and/or drug prevention and treatment services delivered within your State in FY 1984 and the reasons for these changes (e.g., impact of funding changes; increased intoxicated driver enforcement efforts; voluntary group activities; and/or changes in drug abuse trends).

SADAP
Glossary of Terms

ADMS Block Grant - Federal funds awarded to the State via the Alcohol, Drug Abuse and Mental Health Services Block Grant program and used to support the provision of alcohol and/or drug treatment or prevention services.

Client Admissions - Individuals admitted and provided services in appropriate treatment settings according to State definitions.

County or Local Monies - Funds that are provided by county or local governments to support the provision of alcohol and/or drug treatment or prevention services.

Detoxification (Alcohol) - Restoration of client sobriety through medical or non-medical means under the supervision of trained personnel. Includes detoxification services provided in an inpatient or outpatient setting.

Detoxification (Drug) - Planned withdrawal from drug dependency supported by use of a prescribed medication.

Drug Free - A treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers, but the primary treatment method is counseling, not chemotherapy.

DWI/DUI Referrals - Individuals referred to treatment services by appropriate criminal justice or social service agencies as a result of alcohol/drug related traffic safety problems.

Hospital - An institution that provides 24 hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanent facilities that include inpatient beds, medical and nursing services. Clients should be counted if they are receiving detoxification or treatment services primarily for alcoholism and/or other drug abuse.

Maintenance - The continued administering and/or dispensing of methadone, L-alpha acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin and other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Other (Type of activity) - Other activities beyond treatment or prevention services, e.g., training, research, administration.

Other Federal - All Federal funds used for support of alcohol and/or drug treatment or prevention services other than the ADMS Block Grant monies. These could include funds provided through Federal programs such as the Social Services Block Grant, Medicare, the Federal share of Medicaid, Veterans Administration and Indian Health Service.

Other Sources - All funds used for support alcohol and/or drug treatment or prevention services other than monies from the ADMS Block Grant program, Other Federal, State A/D Agency, Other State, County or Local sources. These funds could include reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers.

Other State - State revenues appropriated to State governmental units or programs other than the State alcohol and/or drug agency which are used to support alcohol and/or drug treatment or prevention services. These funds may or may not eventually be administered by the State alcohol and/or drug agency. These funds would include the State share of Medicaid funds provided for treatment services unless the Medicaid share is provided by the State alcohol and/or drug agency's State appropriation.

Outpatient (Environment) - Treatment provided by a unit where the client resides outside the facility. The client participates in a treatment program with or without medication according to a pre-determined schedule that includes counseling and other supportive care services. For the purpose of this effort, day care should be included in this category.

Outpatient (Type of care) - Evaluation and treatment, or assistance services, provided on a short-term basis to clients who reside elsewhere.

Prevention - Those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or peer group situations. These services may be directed at any segment of the population. When reporting allocation of ADMS Block Grant funds, early intervention services may be included within this category.

Rehabilitation/Residential (Type of care) - An approach which provides in a hospital or non hospital setting, a planned program of professionally directed evaluation, treatment or rehabilitation services for alcoholism and alcohol abuse.

Residential (Environment) - An environment where the client resides in a treatment unit other than a hospital. Drug treatment halfway houses, inpatient rehabilitation units, sanctuaries and therapeutic communities are included in this environment.

State A/D Agency Funds - State revenues, earmarked taxes or seized assests specifically appropriated to the State alcohol and/or drug agency for support of alcohol and/or drug treatment, prevention or other related services.

Treatment - Formal organized services for persons who have abused alcohol and/or drugs. These services are designed to alter specific physical, mental or social functions of persons under treatment by reducing client disability or discomfort and ameliorate the signs or symptons caused by alcohol and/or drug abuse.

Unit - Discrete location, building or stand alone facility where services are provided. In the case of outreach services, count only permanent base of operations. Information requested should only be for units which receive at least some funds administered by the State alcohol and/or drug agency.

APPENDIX B

STATE-BY-STATE POPULATION, PER CAPITA INCOME, POPULATION DENSITY AND REVENUE FIGURES

STATE	1983 POPULATION (IN THOUSANDS)	1983 POPULATION DENSITY (PER SQUARE MILE)	1983 PER CAPITA INCOME (IN DOLLARS)	FY 1982 STATE REVENUES (IN THOUSANDS OF DOLLARS)
ALABAMA	3,959	78	9,242	4,823,344
ALASKA	479	1	17,194	5,888,850
ARIZONA	2,963	26	10,656	3,500,695
ARKANSAS	2,328	45	8,967	2,506,361
CALIFORNIA	25,174	161	13,257	42,247,431
COLORADO	3,139	30	12,770	3,804,808
CONNECTICUT	3,138	644	14,895	4,300,183
DELAWARE	606	314	12,665	1,189,869
DISTRICT OF COL	623	9,891	15,744	-
FLORIDA	10,680	197	11,593	9,363,821
GEORGIA	5,732	99	10,379	6,143,878
HAWAII	1,023	159	12,114	2,146,401
IDAHO	989	12	9,555	1,237,053
ILLINOIS	11,486	206	12,405	14,441,250
INDIANA	5,479	152	10,476	5,657,182
IOWA	2,905	52	10,705	3,884,709
KANSAS	2,425	30	12,247	2,751,183
KENTUCKY	3,714	94	9,397	4,885,352
LOUISIANA	4,438	100	10,270	6,453,026
MAINE	1,146	37	9,847	1,571,826
MARYLAND	4,304	438	12,994	6,280,701
MASSACHUSETTS	5,767	737	13,264	8,752,196
MICHIGAN	9,069	159	11,466	14,586,994
MINNESOTA	4,144	52	11,913	7,059,552
MISSISSIPPI	2,587	55	8,098	3,229,576
MISSOURI	4,970	72	10,969	4,744,705
MONTANA	817	6	9,949	1,331,090
NEBRASKA	1,597	21	11,212	1,658,315
NEVADA	891	8	12,451	1,551,591
NEW HAMPSHIRE	959	107	12,021	1,051,492
NEW JERSEY	7,468	1,000	14,122	11,341,194
NEW MEXICO	1,399	12	9,640	3,020,298
NEW YORK	17,667	373	12,990	33,395,716
NORTH CAROLINA	6,082	125	9,787	7,128,334
NORTH DAKOTA	680	10	11,666	1,285,713
OHIO	10,746	262	11,216	15,308,028
OKLAHOMA	3,298	48	10,963	4,691,617
OREGON	2,662	28	10,740	4,381,937
PENNSYLVANIA	11,895	265	11,448	16,290,149
PUERTO RICO	3,196	931	3,865	-
RHODE ISLAND	955	906	11,670	1,686,047
SOUTH CAROLINA	3,264	108	9,187	4,209,113
SOUTH DAKOTA	700	9	9,847	872,639
TENNESSEE	4,685	114	9,549	4,521,319
TEXAS	15,724	60	11,685	16,365,057
UTAH	1,619	20	8,993	2,323,913
VERMONT	525	57	9,979	832,212
VIRGINIA	5,550	140	12,116	6,614,492
WASHINGTON	4,300	65	12,177	7,446,082
WEST VIRGINIA	1,965	81	9,159	3,100,465
WISCONSIN	4,751	87	11,352	7,533,059
WYOMING	514	5	11,931	1,558,599

- Information not available.

APPENDIX C

INTOXICATED DRIVER PROGRAMS CONTACT PERSON

ALABAMA
Robert Simpson
Adm. Office of Courts
817 South Court Street
Montgomery 36130
(205) 834-7990

ALASKA
George Mundell
Office of Alcoholism and Drug Abuse
Department of Health and Social Services
Pouch H-05-F
Juneau 99811
(907) 586-6201

ARKANSAS
Tom Parker, Director
Highway Safety Program
One Capitol Mall - 4B-215
Little Rock 72201
(501) 371-1101

CALIFORNIA
Joy Jarfors
Department of Alcohol and Drug Abuse
111 Capitol Mall
Sacramento 95814
(916) 323-1838

COLORADO
Kristi Hogan
Alcohol and Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver 80220
(303) 320-6137 x238

CONNECTICUT
William Carroll
Conn. Alcohol and Drug Abuse Commission
999 Asylum Avenue
Hartford 06105
(203) 566-5826

DELAWARE
Walter McCann
James Williams Service Center
River Road
Dover 19901
(302) 736-4228

DISTRICT OF COLUMBIA
Charles W. Avery
425 I Street, N.W.
Washington 20001
(202) 724-5637

GEORGIA
Earl C. Davis
878 P'Tree Street, N.E.
Atlanta 30309
(404) 894-5321

HAWAII

Pauline Namuo
c/o District Courts
Driver Education
1111 Alakea Street
Honolulu 96801
(808) 548-6230

IDAHO

Ed Burns
Bureau of Substance Abuse
Department of Health and Welfare
450 West State Street
Boise 83720
(208) 334-4368

ILLINOIS

Norma Seibert, Program Supervisor
Office of the S.O.S.
Department of Driver Services
2701 South Dirksen Parkway
Springfield 62726
(217) 728-6250

IOWA

Janet Zwick, Director
Iowa Department of Substance Abuse
Insurance Exchange Bldg., Suite 202
505 Fifth Avenue
Des Moines 50309
(515) 281-8021

KANSAS

John R. Miller
Alcohol and Drug Abuse Services
2700 West Sixth Street
Biddle Building
Topeka 66606
(913) 296-3925

KENTUCKY

Mike Townsend, Director
Division of Substance Abuse
275 East Main Street
Frankfort 40601
(502) 564-2880

LOUISIANA

Sanford Hawkins
P.O. Box 53129
Baton Rouge 70892
(504) 922-0721

MAINE

Linwood K. Oakes, Sr., Director
Division of Driver Education Evaluation Program
32 Winthrop Street
Augusta 04330
(207) 289-2221

MARYLAND

Bruce Meade
201 West Preston Street
Baltimore 21201
(301) 383-6151

MASSACHUSETTS

Mary Hardiman
Division of Alcoholism
150 Tremont Street
Boston 02111
(617) 727-1960

MICHIGAN

Mark Steinberg
Policy Unit, OSAS-MDPH
3500 North Logan
Lansing 48909
(517) 373-7668

MINNESOTA

Marlene Swanson
Department of Public Safety
D & V Services
John Ireland Boulevard
St. Paul 55155
(612) 296-9525

MISSISSIPPI

Joseph A. Panetta
Division of Alcohol and Drug Abuse
Department of Mental Health
1102 Robert E. Lee Office Building
Jackson 39201
(601) 359-1297

MISSOURI

Donna Swartz, Certified Specialist
Department of Mental Health
Division of Alcohol and Drug Abuse
P.O. Box 687
Jefferson City 65102
(314) 751-4942

MONTANA

Robert MacConnel
Alcohol and Drug Abuse Division
1539 - 11th Avenue
Helena 59620
(406) 444-2827

NEVADA

Mary Jenkins
Bureau of Alcohol and Drug Abuse
505 East King Street, Room 500
Carson City 89710
(702) 885-4790

NEW HAMPSHIRE

Jack Timm, IDIP Coordinator
Office of Alcohol and Drug Abuse Prevention
Health and Welfare Building
Hazen Drive
Concord 03301
(603) 271-4628

NEW JERSEY

David Evans, Esq.
Department of Health
129 East Hanover Street, CN 362
Trenton 08625
(609) 292-8947

NEW YORK (ALCOHOL)

Richard Smith
NY Department of Motor Vehicles
Empire State Plaza
Albany 12210
(518) 474-0774

OHIO

Sylvia Walker
170 North High Street
3rd Floor
Columbus 43215
(614) 466-3445

OKLAHOMA

Sam Marshall
Department of Mental Health
P.O. Box 53277, Capitol Station
Oklahoma City 73152
(405) 521-0044

OREGON

Carol J. Brownlow, Ph.D.
Office of Programs for Alcohol and Drug Problems
2575 Bittern Street, N.E.
Salem 97310
(503) 378-2163

PENNSYLVANIA

Ike Golden
DUI Section
H&W Building, Room 929
P.O. Box 90
Harrisburg 17108
(717) 783-8200

PUERTO RICO

Sonia Zayas
Box B-Y Rio Piedras Station
Rio Piedras 00928
(809) 758-7155

RHODE ISLAND

Gail Lamphere
Department of M.H.R.H.
Division of Substance Abuse
Medical Center
Cranston 02920
(401) 464-2091

SOUTH CAROLINA

Alfred B. Roberson
SC Commission on Alcohol and Drug Abuse
3700 Forest Drive
Columbia 29204
(803) 758-3866

SOUTH DAKOTA

Val Jackson
Division of Alcohol and Drug Abuse
Joe Foss Building, 523 East Capitol
Pierre 57501
(605) 773-3123

TENNESSEE

Robert VanderSpek
James K. Polk Building, 4th Floor
505 Deaderick Street
Nashville 37219-5394
(615) 741-1922

TEXAS

Robby Duffield
Texas Commission on Alcoholism
1705 Guadalupe Street
Austin 78701
(512) 475-2577

UTAH

Bob Reid
Division of Alcoholism and Drugs
150 West North Temple, Suite 350
Salt Lake City 84145
(801) 533-6532

VERMONT

Richard Powell II, Director
Office of Alcohol and Drug Abuse Programs
103 South Main Street
Waterbury 05676
(802) 241-2170

VIRGINIA

Ken Batten, Program Consultant
P.O. Box 1797
Richmond 23214
(804) 786-1524

WASHINGTON

Wes Hamilton
Department of Social and Health Services
Bureau of Alcohol and Substance Abuse
Mail Stop OB-44W
Olympia 98504
(206) 753-1272

WEST VIRGINIA

Johanna Lambert
Division of Alcohol and Drug Abuse
West Virginia Department of Health
Charleston 25305
(304) 348-2276

WISCONSIN

Theo Christensen
P.O. Box 7851
1 West Wilson Street, Room 421
Madison 53707
(608) 266-8598

WYOMING

Rich Davin
Alcohol and Drug Abuse Programs
Hathaway Building
Cheyenne 82002
(307) 777-7115

APPENDIX D

EMPLOYEE ASSISTANCE PROGRAMS CONTACT PERSON

ALABAMA

Paul Pace
Alabama Department of Mental Health
P.O. Box 3710
Montgomery, AL 36193-5001
(205) 271-9229

ALASKA

George Mundell
Office of Alcoholism and Drug Abuse
Department of Health and Social Services
Pouch H-05-F
Juneau 99811
(907) 586-6201

ARIZONA

Russ Binicki
Arizona Department of Health Services
1740 West Adams
Phoenix 85007
(602) 255-1232

ARKANSAS

W.R. "Dave" Davis
Office on Alcohol and Drug Abuse Prevention
1515 West Seventh
Suite 310
Little Rock 72202
(501) 371-2603

CALIFORNIA

Kathy Jett
Department of Alcohol and Drug Abuse
111 Capitol Mall
Sacramento 95814
(916) 323-2088

COLORADO

Bonnie Forquer
Alcohol and Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver 80220
(303) 320-6137 x361

CONNECTICUT

William Carroll
Conn. Alcohol and Drug Abuse Commission
999 Asylum Avenue
Hartford 06105
(203) 566-5826

DELAWARE

Paul Poplawski
1901 North Dupont Highway
New Castle 19720
(302) 421-6109

DISTRICT OF COLUMBIA

Charles W. Avery
425 I Street, N.W.
Washington 20001
(202) 724-5637

FLORIDA

Becky Reid, Program Director
HRS - ASPEH
1317 Winewood Boulevard
Tallahassee 32301
(904) 488-9645

GEORGIA

Ed Pierce
878 P'Tree Street, N.E.
Atlanta 30309
(404) 894-6360

HAWAII

Bob Hunt, Ph.D.
c/o Alcohol and Drug Abuse Branch
P.O. Box 3378
Honolulu 96801
(808) 548-4280

IDAHO

Ed Burns
Bureau of Substance Abuse
Department of Health and Welfare
450 West State Street
Boise 83720
(208) 334-4368

ILLINOIS

Dorothy Johnson
Department of Personnel
Central Management Services
160 North LaSalle - Room 327
Chicago 60601
(312) 793-6983

INDIANA

Mary Curtis
Division of Addiction Services
Department of Mental Health
429 North Pennsylvania Avenue
Indianapolis 46204
(317) 232-7818

IOWA

Janet Zwick, Director
Iowa Department of Substance Abuse
Insurance Exchange Bldg., Suite 202
505 Fifth Avenue
Des Moines 50309
(515) 281-8021

KANSAS

John R. Miller
Alcohol and Drug Abuse Services
2700 West Sixth Street
Biddle Building
Topeka 66606
(913) 296-3925

KENTUCKY

Margaret Long, R.N.
EAP Consultant, Substance Abuse Division
275 East Main Street
Frankfort 40601
(502) 564-2880

MAINE

Kevin Parker, Director
State Employee Assistance Program
P.O. Box 112
Hallowell 04347
(207) 289-5752

MARYLAND

Charles Meyers, Coordinator
201 West Preston Street
Baltimore 21201
(301) 383-4081

MASSACHUSETTS

Charlotte Farnum
Division of Alcoholism
150 Tremont Street
Boston 02111
(617) 727-1960

MICHIGAN

Ying Gee
Programs Administration, OSAS-MDPH
3500 North Logan
Lansing 48909
(517) 373-6307

MINNESOTA

Keith Tvedten
Summit Bk. Building
Suite 200
205 Aurora Avenue
St. Paul 55103
(612) 296-0765

MISSISSIPPI

Joseph A. Panetta
Division of Alcohol and Drug Abuse
Department of Mental Health
1102 Robert E. Lee Office Building
Jackson 39201
(601) 359-1297

MISSOURI

J. B. Loewenstein
Office of Administration
Truman Building, Room 760
301 West High
Jefferson City 65101
(314) 751-2385

NEVADA

Terry McGruder
Bureau of Alcohol and Drug Abuse
505 East King Street, Room 500
Carson City 89710
(702) 885-4790

NEW HAMPSHIRE

Geraldine Sylvester, Director
Office of Alcohol and Drug Abuse Prevention
Health and Welfare Building
Hazen Drive
Concord 03301
(603) 271-4628

NEW JERSEY

Larry Ganges
Department of Health
129 East Hanover Street, CN 362
Trenton 08625
(609) 292-0729

NEW YORK (ALCOHOL)

William Byers
Bureau of Occupational Industrial Services
NY Division of Alcoholism and Alcohol Abuse
194 Washington Avenue
Albany 12210
(518) 474-5417

NEW YORK (DRUG)

Robert Ruddy
NY Division of Substance Abuse Services
Bureau of Communications
Executive Park South - 2nd Floor
Albany 12203
(518) 457-1288

OHIO

Sanford Weinberg
22 East Gay Street
Columbus 43215
(614) 462-8545

OKLAHOMA

Rita Byram
Department of Mental Health
P.O. Box 53277, Capitol Station
Oklahoma City 73152
(405) 521-0044

OREGON

Jeffrey N. Kushner
Assistant Administrator
Office of Programs for Alcohol and Drug Problems
2575 Bittern Street, N.E.
Salem 97310
(503) 378-2163

PENNSYLVANIA

Jeannine Peterson, Director
Bureau of Program Services
H&W Building, Room 929
P.O. Box 90
Harrisburg 17108
(717) 783-8200

PUERTO RICO

Frank Chaulon
State Director
Employee Assistance Program
Box B-Y Rio Piedras Station
Rio Piedras 00928
(809) 763-7575 x368

RHODE ISLAND

David Spencer
Department of M.H.R.H.
Division of Substance Abuse, Medical Center
Cranston 02920
(401) 464-2191

SOUTH CAROLINA
Robert F. Sherr
SC Commission on Alcohol and Drug Abuse
3700 Forest Drive
Columbia 29204
(803) 758-3866

TENNESSEE
Carol M. Boone, Ed.D.
James K. Polk Building, 4th Floor
505 Deaderick Street
Nashville 37219-5394
(615) 741-1925

TEXAS
Robby Duffield
Texas Commission on Alcoholism
1705 Guadalupe Street
Austin 78701
(512) 475-2577

UTAH
Jeano Campanaro
Division of Alcoholism and Drugs
150 West North Temple, Suite 275
Salt Lake City 84145
(801) 533-6038

VERMONT
Buell Mitchell
EAP Coordinator
Office of Alcohol and Drug Abuse Programs
103 South Main Street
Waterbury 05676
(802) 241-2170

VIRGINIA
Earl Agee, EAP Consultant
P.O. Box 1797
Richmond 23214
(804) 786-1530

WASHINGTON
Dwight Bond
107 North West Ballard Way
Seattle 98201
(206) 545-7782

WISCONSIN
Bill McFarland
P.O. Box 7851
1 West Wilson Street, Room 421
Madison 53707
(608) 267-9281

WYOMING
Jean DeFratis, Director
Alcohol and Drug Abuse Programs
Hathaway Building
Cheyenne 82002
(307) 777-7115 x7118

STATE NARRATIVE REPORTS
ON UNMET NEEDS IN TREATMENT AND PREVENTION DURING FISCAL YEAR 1984

ALABAMA:

The Department is currently developing a substance abuse service need methodology. Preliminary efforts indicate unmet need in all categories of service.

ALASKA:

To satisfy the unmet need for services the State legislature awarded $600,000 to the Department of Corrections (who turned the money over to the State alcohol and drug authority) to provide alcohol and drug treatment services within the correctional facilities. In addition, the legislature made a supplemental award of $800,000 to fund six (6) rural youth prevention projects and a region wide award of $100,000 to fund a detox center that would also provide emergency care in an isolated area of the State.

ARIZONA (DRUG):

Conservative estimates of need for publicly funded drug abuse treatment services suggest Arizona is only reaching approximately ten percent of those who need assistance. This effect results from insufficient available funds.

CALIFORNIA:

The following statement of prevention needs have been identified by the California State Legislature, State Drug Advisory Board, County Drug Program Administrators Association, Directors Task Force on Drug Abuse Prevention and the Department of Alcohol and Drug Programs and will not be met during the 1984-85 fiscal year.

- Development of standards for drug abuse prevention services.
- Development of statewide prevention management information system.
- Coordination of youth prevention issues with other agencies.
- Increasing services to high risk populations.
- Credentialing of service providers.
- Development of guidelines for service distribution (e.g. ratio of public funds between primary prevention and early intervention).

- Obtaining of prevention related research.

In addition, the State of California has identified unmet alcohol service needs for specific populations, and for prevention.

- A determination of unmet needs among American Indians is confounded by the lack of an accurate census of that population. In a survey conducted in 1983 by the Urban Indian Health Council, most respondents either perceived a need for services (38 percent) or were uncertain about the need (42 percent).

- While all services are available on a non-discriminatory basis, some services have been tailored specifically to meet the needs of the Black population. A recent survey identified the need for more training and technical assistance to those specialized programs. Similarly, a recent study of programs indicates that both programs for the general population and programs targeting Hispanic persons are in need of technical assistance and training, to assess local needs and deliver appropriate services to Hispanics.

COLORADO:

Based upon 20 percent of the problem drinking population the following information describes the unmet need in alcohol treatment:

- non-hospital detoxification, 18.7% gap
- outpatient counseling, 22.7% gap
- halfway house services, 68.5% gap
- hospital intensive residential treatment, 46% gap
- community intensive residential treatment, 39% gap

For drug treatment the State agency uses the percentage of met needs:

- acute residential care, 0%
- short term residential treatment 8-11%
- long term residential treatment, 27.3-55%
- psychiatric hospital intensive residential, 30-44%
- day care, 21-44%
- transitional care (halfway house) 4.6-6.8%

- drug free outpatient, 30-34%
- outpatient methadone treatment, possibility that amount of available treatment is adequate (it is either half or all).

CONNECTICUT:

Treatment needs identified include:

- A new long term care facility which will reduce occurrences of problem drinking and repeated admissions to costly medical services by the public intoxicant population by providing more appropriate and less costly community alternatives;
- A new alcohol halfway house for the Hartford area which will allow a continuum of care to the community, provide greater access to treatment and continuity of the family life and employment;
- A Hispanic residential program geared to the Hispanic alcoholic - no appropriate program (with respect to cultural/linguistic focus) currently exists;
- Expansion of methadone slots to alleviate current waiting lists;
- Replication of a successful prevention program for 4th - 6th grade;
- Expansion of the research, evaluation and program development responsibilities to support State level decision making and policy development;
- Replication of 2 basic life skills programs for low income women and children;
- Expand teacher training in the substance abuse field and peer counseling program training for adults and students; and
- Implement two case management projects geared to the public intoxicant/chronic recidivist population in urban areas.

DELAWARE:

Delaware concentrated on one major unmet need in Federal Fiscal Year 1984: Residential Rehabilitation for Adult Drug Abusers. Since 1982 Delaware has been without an in-state provider of drug residential services. Support for the development of such services was evident in FY 1984 and community as well as legislative activity was much in evidence. Although the need was not satisfied during the year much progress was made.

HAWAII:

In the area of prevention services, the State of Hawaii has an unmet need for a variety of services including primary prevention, non-crisis intervention, crisis counseling/ referral and temporary community shelter. A significant unmet need also exists for the following treatment services: community treatment (day care, partial care, community outpatient, detoxification), aftercare/follow-up community support, supportive residential living (semi-independent/independent, domiciliary care), rehabilitative care and residential medical and social detoxification services.

IDAHO:

In FY 85 the State Substance Abuse Program will receive $132,051 more Block Grant monies than originally budgeted. However, 20% of this amount will be necessary to fund prevention services, under the terms of the Block Grant. This leaves $105,600 which can be used to provide for treatment services during FY 85. The current FY 85 contracts are $109,018 short of their FY 84 levels. If we use the $105,600, plus another $4,000 of budgeted but non-contracted monies in the trustee and benefit category, we will be able to return the FY 85 contract levels to the FY 84 levels.

The FY 86 budget would then be comprised of approximately $16,582, which would be derived from the unexpected FY 85 Block Grant amount and be above the FY 84 contracts base - $1,491,000 of dedicated AITA account money, $5,000 of receipts, and $596,808 from the FY 86 Block Grant for treatment. This would leave a total FY 86 budget for the treatment trustee and benefit category of $2,109,390. The FY 84 contract base is $2,419,043. This results in a deficit of FY 86 levels to FY 84 contract levels of $309,653. A rounded-off request for $300,000 of General Fund monies would be appropriate to return contract FY 86 levels to the levels which existed in FY 84.

INDIANA:

The performance audit report to the Indiana Legislature's Sunset Committee noted that the total level of services for alcohol and other drug abusers was woefully inadequate. The report concluded that "...the severity of the need and the gaps in services point out the desirability of expanding service capabilities. Furthermore, the widespread social and economic consequences of drug and alcohol abuse in terms of decreased worker productivity, increased health and health insurance costs, increased incidence of divorce, child abuse, suicide, mental illness, traffic injuries and death, crime and countless other negative effects are difficult to overstate. Finally, it appears difficult to justify the relatively small expenditures on addiction services relative to the much larger amount spent on mental illness and services to the developmentally disabled." The report also cited the absence of a unified system for addiction services, a result of inadequate and inequitable financial support for community-based programs.

In June 1984, the Department of Mental Health drafted a five year plan for service development. The addictions section of that plan calls for the establishment of a state-wide continuum of integrated services. Featuring a continued high priority for services to youth, the plan addresses the need to establish affordable treatment in all areas of the state.

The U.S. Congress has fixed the state allocations for the Alcohol, Drug Abuse, and Mental Health Block grant, a major source of funds for alcohol/drug services in Indiana. Our state's allocation has been established at the same level as federal FY 84. Indiana is one of many states that were capped so that other lower-funded states could receive increased support. In addition, service interruptions and the concurrent discontinuance of some existing services may result due to the mandated implementation of new services to women (P.L. 98-509, ADMS Block Grant reauthorization).

IOWA:

Based on national survey figures 48,669 to 71,728 of Iowa's 13 to 17 year old population abuse alcohol and/or drugs. Whether or not these young people receive help is not a function of need, but depends instead upon their families' economic circumstances and available community resources. In Iowa, adolescents with substance abuse insurance coverage or whose families can afford to pay may be treated on a hospital inpatient basis (with beds set aside for this age group) or in a private adolescent treatment unit. New adolescent hospital units will open next year in two Iowa cities. Except for a private program in one city, these facilities also are open to children whose families qualify under Title XIX (Medicaid). Inpatient care, therefore, is not an option for children whose families are neither well off nor poor. The Iowa Department of Substance Abuse (IDSA) provides some funding for juvenile substance abusers in residential and halfway house settings at four locations in Iowa. Payment for services in IDSA funded facilities are based upon the ability to pay and a sliding fee scale. The small number of juvenile beds existing in the State funded system (51 beds), however, is not meeting Statewide needs.

IDSA does additionally fund 29 treatment programs offering outpatient services to both adults and juveniles. Although outpatient services may be adequate for some adolescents, others will only respond to the more intensive residential or inpatient type of programming. An obvious need exists for provision of more residential beds for juveniles in Iowa who are lacking in financial resources and not eligible for third party payments.

The Iowa Criminal and Juvenile Justice Advisory Council has identified substance abuse as the number one problem in the criminal justice system, yet in many cases chemical dependency is not recognized as a problem or treated as such. Until the chemical dependency problem is dealt with, the juvenile will not be able to appropriately meet society's expectations in other areas of his/her life. It is important that (1) the juvenile justice system refer greater numbers of juveniles for substance abuse evaluations and that (2) increased substance abuse services be made available to meet juvenile needs.

LOUISIANA:

A 1982 study indicated an unmet need for 115 public detox beds. The unmet need for inpatient beds for short-term detox and rehabilitation is large, the demand is heavy and only 1.08% of the target population is being reached at this time. There is also an estimated need for 24 inpatient beds for addicted women along with accomodations for their dependent children. There are 320,821 alcohol and drug abusers not receiving services statewide. Outpatient screening, evaluation and treatment services must be mobilized to meet these needs. There are no long term care inpatient facilities and no halfway houses in the S.W. or central sections of the State. The halfway house in the N.E. section is in a rural, economically depressed area which is not condusive to vocational rehabilitation. The waiting period from detox to continued care in long term facilities has increased from 2 weeks in 1983 to 4 weeks in 1984. There are no substance abuse beds for youth north of Baton Rouge. A capability is needed to provide services to the rapidly escalating numbers of DWI's, to reach a greater number of alcohol and drug abusers among the probation and parole population and to provide services for the incarcerated prisoner population. In the prevention area, there is a need for the capability to provide a comprehensive prevention initiative that can reach every geographic area of the State and to develop an employee assistance program for State employees.

MAINE:

The following areas of need have been identified for alcohol programs/services in Maine:

- Criminal justice -- need for increased outpatient counseling/treatment including adolescent services for probation and parole clients and services for adult inmates.
- Education -- need for increased information dissemination as well as increased education and training of youth, post-secondary institution staff and parent groups.

- Services -- need for a model prevention program to target children of alcoholics; increased adolescent services, including screening/referral, diagnosis/evaluation and outpatient services as well as rehab/residential services; increased outpatient services for rural adults; and need for women's halfway transitional residence and extended care for women.

- Outreach and Training -- need for increased screening/referral and outpatient counseling treatment for county inmates; training for service providers, physicians, law enforcement and judicial staff; and increased diagnostic services for the mentally retarded alcohol abuser.

MARYLAND (ALCOHOL):

The State of Maryland required 795 beds to provide intermediate care to its adult alcoholic population, however, at present there exists an inventory of 623, leaving 172 additional intermediate beds needed. As regards adolescents, the State of Maryland, although in need of 107 intermediate care beds for adolescents, does not have any such beds.

MARYLAND (DRUG):

To assist in meeting the State of Maryland's drug abuse treatment and prevention needs the following goals have been identified for Fiscal Year 1986 through 1988:

- To complete the implementation of a Statewide Evaluation, Diagnostic and Referral process for probationer and parolee access to the drug and alcohol treatment system;
- To increase treatment capacity for narcotic drug dependents;
- To develop and implement drug and alcohol identification and referral for youth coming in contact with the juvenile courts;
- To establish short-term residential treatment for cocaine addiction for the indigent and those unable to afford private provider care;
- To establish a 10-bed short term (28-35) residential drug detoxification and rehabilitation center;
- To create a less restrictive program for long term stablized chemotherapy client;
- To develop a system of volunteer self-help groups throughout the State to provide necessary aftercare

and adjunct treatment;

- To implement a Comprehensive Statewide Alcohol and Drug Prevention Program utilizing community development approaches.

MASSACHUSETTS (ALCOHOL):

The Massachusetts Division of Alcoholism has identified the following needs and issues related to the prevention, intervention and treatment of individuals with alcohol-related problems:

- In detoxification centers, staffing shortages, limited admission times and nursing coverage continue to cause difficulties;
- Consideration is being given to the development of different levels of halfway house care to meet the different needs and goals of clients entering halfway houses;
- Custodial alternative programs need to be developed to respond to the needs of individuals who are severely damaged by chronic alcohol abuse and who have a poor prognosis for recovery;
- There is an increased reliance on the publicly funded treatment system to provide outpatient treatment services to indigent DWI clients. However, waiting lists of up to six weeks are not uncommon. Additional resources are needed to hire staff to meet these new demands.
- A need exists to train prevention center personnel in basic evaluative techniques to further evaluate the impact of their indirect service activities.

MASSACHUSETTS (DRUG):

Massachusetts has shared in the sudden growth of cocaine use. The percent of clients with a primary cocaine problem in Massachusetts publicly funded treatment units has risen from 1% in 1976 to 13.4% in the most recently analyzed period, July - December 1983. The mention of marijuana as a primary drug at time of admission has climbed some, whereas nationally, the use level of marijuana has declined slightly in the past few years. The unemployment rate of the client population is 67% with 9% employed part-time and 20% full-time. The high rate of unemployment indicates that the treatment population is likely to have few financial resources. There is also a need to target services toward specific minority populations in certain geographic areas although statewide programming specifically aimed at minorities is roughly proportional to their numbers in the general population. Although there are problems of rural drug abuse, a high proportion of the Massachusetts population is at greater risk for drug abuse in urban areas.

The Massachusetts Division of Drug Rehabilitation recently conducted a needs assessment study which ranked the health system agencies (HSAs) according to need for drug abuse services. The assessment was based on 13 sociodemographic predictors of need. It was determined that the HSA with the greatest need was HSA IV-B (Boston), followed by HSA I (Western Massachusetts), HSA III (Merrimack Valley Region), HSA IV-A (Cambridge/Waltham area), HSA VI (Northern Massachusetts) and HSA IV-C (Framingham area).

MICHIGAN:

The economic cost of alcohol and/or drug related problems to Michigan is $1.85 billion. Substance abuse is the third most significant health problem facing Michigan's citizens. In addition, the Office of Substance Abuse Services has had an increase in responsibilities which were mandated by the Governor and the legislature. The level of dollars available to meet unacceptably high levels of substance abuse problems and the increased responsibilities, however, has steadily declined. As a result of inadequate inflationary increases over the years, the Michigan substance abuse network has lost 50% of its purchasing power since FY 1979.

The extent of the problem in Michigan is demonstrated by the following facts: there are 800,000 Michigan citizens needing alcohol or drug related treatment services; Southeast Michigan leads the nation in prescription drug abuse; morbidity statistics include 30,000 injuries due to drinking driver crashes; 5% of all birth defects are alcohol-related; and 25% of hospital admissions are substance abuse related. The following areas have been identified as priorities: 1) assistance to our most vulnerable populations: urban poor, Hispanics, American Indians, the elderly; 2) minimum prevention services for those areas without any services; and 3) minimum systems maintenance and research.

MINNESOTA:

Minnesota continues to seek feasibility and need indicators for services to special population groups such as the hearing impaired, Hispanics, Blacks, chronics, women and Southeast Asian populations.

MISSISSIPPI:

Mississippi has not established a system to determine unmet needs. National figures are used to describe the problem.

MISSOURI:

The State of Missouri's FY 1985 Planning Matrix identified the following unmet needs by region:

o Northern Region -	28	detoxification beds
	173	residential beds
	37,712	non-residential units*
o Western Region -	85	detoxification beds
	446	residential beds
	102,101	non-residential units
o Central Region -	41	detoxification beds
	191	residential beds
	44,825	non-residential units
o Eastern Region -	151	detoxification beds
	846	residential beds
	171,534	non-residential units
o Southwestern Region -	49	detoxification beds
	230	residential beds
	60,987	non-residential units
o Southeast Region -	33	detoxification beds
	165	residential beds
	52,821	non-residential units
o Statewide Totals -	387	detoxification beds
	2,050	residential beds
	451,037	non-residential units

*Non-residential: These services provide outpatient rehabilitation and prevention services.

MONTANA:

Alcoholism is one of the most serious health problems facing Montana today; over 101,000 Montanans are estimated to suffer problems from alcohol use or misuse. Since 1980, Montana has ranked twelfth in the nation for per capita alcohol beverage consumption. The Montana Highway Patrol reports that 50% of all persons killed on Montana highways in 1983 had been drinking and 56% of all drivers killed had been drinking prior to the accident. Alcoholism impacts on many of the state's concerns -- from traffic facilities to child abuse.

Although alcohol is the major drug of abuse in Montana, treatment statistics reveal that the state also has a serious multi-drug problem. Out of 5,690 clients admitted to the state-approved chemical dependency programs in 1983, 44% had a secondary drug problem and 16% had a tertiary problem with drugs other than alcohol.

There are currently 38 state-approved chemical dependency programs in the state with outpatient services provided in all counties. State-approved chemical dependency programs have averaged 9,415 first admissions per year since 1980;

5,512 were primary clients, 1,612 were family member clients and 2,291 were DUI court school clients. During the past four years, DUI admissions have nearly tripled from 1,219 in 1980 to 3,596 in 1983.

Since 1980, 50% of all clients admitted to state-approved programs have completed treatment. Of all clients who completed treatment, 54% were contacted six months after discharge; of those clients contacted, 75% reported total abstinence and 58% were employed.

Major problems noted statewide are: (1) providing inpatient treatment to indigents; (2) a gap in the continuum of care resulting from the lack of transitional living facilities within the state; and (3) a decrease of public funds available for treatment programs due to decreased liquor sales.

NEW HAMPSHIRE:

In New Hampshire it is estimated there are approximately 120,000 troubled persons who either abuse alcohol or misuse drugs. Of that population, it is believed 89,900 are alcohol troubled, 23,000 abuse legally available drugs, and 56,000 use illegal chemicals. These figures support the contention that increasing numbers of people are simultaneously abusing two (2) or more substances. Furthermore, it is also reasonably estimated that for each such substance abuser, there are at least four (4) additional people, either family members or significant others, who are adversely affected and/or at risk. These people, too, require alcohol and drug related services.

The population most threatened is that of the young people. The age of first involvement with drugs, including alcohol, continues to rapidly decrease. The child of the alcoholic or drug abuser is also at issue. Data collected through New Hampshire's (Mini) Drug Abuse Warning Network (DAWN) reveals that alcohol is the most frequently chosen drug with marijuana and cocaine respectively close behind. LSD, surprisingly in view of its negative publicity and supposedly out of vogue status, follows next.

The young though, are not alone in their problem. Abuse of prescription and over-the-counter drugs finds a higher incidence by older populations and among women. Alcohol continues to run very high among all age groups as the drug of choice, no matter what polling method is used.

Although treatment statistics indicate that three (3) times as many alcohol troubled males seek treatment as do females, research shows that this is not a relevant statistic for determining the actual incidence of alcoholism vis-a-vis gender. A principal theorem holds that women have traditionally not sought treatment for a variety of reasons, not the least of which is a lack of appropriate resources to adequately meet their specialized needs. Data collected concerning New Hampshire supports this.

O.A.D.A.P. goals and objectives for FY 1985 addressed these critical areas and others as follows:

- Data collected over a seven (7) month period has pointed out the fact that the needs and problems of the driving while intoxicated (DWI) second offender greatly exceed those of the first offender, and a more intensified approach in the form of a pilot project is necessary to address them.

- In view of the fact that present O.A.D.A.P. contracted alcoholism treatment centers have long waiting lists, there is a need for an additional treatment center to serve uninsured clients.

- Selected alcohol crisis intervention site caseloads indicate that an additional sobriety maintenance center could complement current services.

- Medical detoxification services are often unavailable for people in medical crisis. There is a need to contract with various hospital sites scattered throughout the state to provide detoxification whether or not the person is insured.

- There is a need to develop and contract for additional juvenile beds with a specialized component which has an Outward Bound program as an integral part of the treatment efforts.

- There is a need to expand and specialize training capabilities to provide working information to the numerous professionals in allied fields which deal with substance abusing clientele.

- A process is necessary to implement a mini-grant program for parents' and citizens' groups to receive funds on a 50-50 matching basis to aid them in their prevention efforts in their communities statewide.

NEW JERSEY (DRUG):

At the end of October 1984, there were approximately 300 applicants waiting for admission to drug treatment facilities in New Jersey.

NEW YORK (ALCOHOL):

Despite dramatic growth of clinic services in recent years, the needs of alcoholic persons leaving inpatient or residential settings have not been adequately addressed. When these clients leave the inpatient setting, many continue to need a structured and supportive living situation to continue recovery. Persons who are homeless at the time of discharge from rehabilitation facilities would be more appropriately discharged to a community residence program which provides a structured environment where the alcoholic can receive support for continued abstinence from alcohol while rebuilding social and psychological resources necessary to maintain recovery outside a structural setting. These programs are also appropriate in cases of domestic violence and for persons whose family setting is severely dysfunctional. The total number of community residence beds currently needed in New York is 1,735. The current number of beds available is 689 resulting in a minimum current unmet community residence bed need of 1,046.

There are currently 371 sobering up station beds in the State of New York with 29,384 admissions annually. According to the Division's information systems, the average length of stay (ALOS) is 3.5 days with a 76 percent occupancy rate. To convert these programs to alcohol crisis centers with an average length of stay of 10 days and an occupancy rate of 85 percent will require a total of 947 alcohol crisis center beds. There are currently 716 inpatient detoxification beds in New York State with 32,679 admissions annually with an ALOS of 5.6 days. The Division's inpatient detoxification bed need methodology projects the need for 1,528 beds by 1990 or an additional 812 beds with a planned ALOS of 5 days. The Division plans to convert existing detoxification beds to acute care alcoholism program beds in hospitals and to establish additional acute care alcoholism program beds for alcoholic people who are currently in hospitals for other medical problems as a consequence of their alcoholism . The diversion of 75 percent of the additional 812 detox beds, (609 beds) to alcohol crisis center beds would provide a lower cost alternative for those individuals in need of alcohol withdrawal in a structured setting who do not require medication for withdrawal.

The expansion of alcohol crisis centers and community residences in the state will provide additional capacity to the alcoholism service delivery system to address the needs of homeless alcoholic persons and many alcoholic persons at risk of becoming homeless. Currently, it is estimated that 33.8 percent of sobering up station admissions are homeless.

New York also projects a need for 4,951,225 alcohol-related outpatient visits in 1985 and has established a goal of meeting 50% of the need.

NEW YORK (DRUG):

A great many substance abusers whose problems are serious -- including a substantial number who are the cause of enormous social and economic costs -- are not in treatment. Overall, there are more than 240,000 narcotic addicts and more than 550,000 heavy non-narcotic abusers in the State; of whom, only 75,000-80,000 are known to receive treatment during a year.

At the same time, of particular importance in the prevention of substance abuse is reaching children and youth in their early, formative years. Also, youth who are of high school age, out of school and unemployed, are particularly at risk and constitute an important target group. Increased emphasis is required to prevent the onset of substance abuse and use of such high risk groups who do not benefit from the traditional prevention models.

NORTH DAKOTA:

Unmet needs are services for Native Americans (all treatment phases); adolescents (inpatient treatment and residential care); and 20% of the general treatment population.

OHIO:

Ohio's unmet need in Fiscal Year 1984 in the area of treatment and prevention of alcoholism was considerable. Considering alcoholism alone, it is estimated that the cost for treating the 30,105 indigent Ohioans that annually are in need of treatment is approximately $1,545 per person within the three levels of care -- inpatient, residential, and outpatient. The total cost, therefore, amounts to approximately $46.5 million and brings into focus the severity of the shortfall when matched against the state's share of $12.9 million for alcoholism treatment in fiscal year 1984.

In spite of other funding support, the need for an adequate continuum of care that is accessible particularly to specific populations remains one of the highest of priorities in this state.

In the area of prevention, Ohio has established as one of its primary initiatives the development of a system capable of providing training and consultation to all Ohio communities on prevention/intervention of alcohol and other drug problems. The estimated cost of alcohol and other drug excessive use, abuse, and addiction when applied to all communities is approximately between one billion dollars and two-and-a-half billion dollars annually. In order to significantly impact this problem we must be able to prevent it before its inception and to intervene early once it has developed by implementing the following:

- planning a state-wide model of intervention training,
- utilizing personal resources to establish that training for our communities, and
- educating and training parents, teachers, and youth on how to intervene in their families, schools and

communities and prevent addiction, both through demand and supply strategies.

In fiscal year 1984, Ohio's contribution, in terms of funding, was approximately $4 million in the area of prevention and intervention. Again, far short of the existing need.

OKLAHOMA:

Costs to society for alcohol abuse in the United States are estimated to be $120 billion annually. In addition, costs to society for alcohol and drug abuse are greater than for mental illness, yet the treatment funds allocated for the treatment of alcohol and drug abuse is significantly lower than the amount allocated for the treatment of mental illness. In Oklahoma a lack of financial resources is a great concern as well as a lack of administrators and treatment professionals to ensure quality care for the clients.

OREGON:

Prevalence data strongly indicates the need for additional treatment and prevention services. For the state in general, we estimate 174,782 problem drinker/alcoholics. Another 139,939 are abusers of substances other than alcohol. Additionally, we conservatively estimate that there are 7,991 adolescents under age 18 with significant alcohol problems (using daily) and an estimated 12,385 adolescent drug abusers. In dramatic contrast to their widespread problem, only 1,273 adolescents (under the age of 18) were treated last year in publicly funded programs (that represents 3.9% of the total population served in publicly funded programs).

PENNSYLVANIA:

Public interest in dealing with Drug and Alcohol abuse is at an all-time high in Pennsylvania. This public awareness is resulting in an unprecedented demand for publicly supported drug and alcohol treatment, intervention and prevention services. Real statewide progress is being made on many social, health, legal and economic fronts in the Commonwealth to combat drug and alcohol abuse.

The Department of Health has been a critically important partner in promoting drug and alcohol prevention/intervention and treatment programs as a sound social and economic investment.

The service implication of this public awareness is that an opportunity exists to impact on key groups demanding additional drug and alcohol treatment services. The Department has responded to the extent that it can, with statewide initiatives involving:

1) The Department of Education;

2) Bureau of Corrections;

3) Implementation of the Statewide Employees Assistant (SEAP) Program;

4) Driving Under the Influence (DUI) Programs;

5) Inter-agency agreements with Department of Aging, and the Offices of Children, Youth and Families, Mental Health, and Mental Retardation within the Department of Public Welfare;

6) United Way of Pennsylvania and Lions Club of Pennsylvania;

7) Treatment Alternatives to Street Crime (TASC) diversion program for drug and alcohol offenders in concert with criminal justice system;

8) Office of Vocational Rehabilitation, Department of Labor and Industry.

The cumulative impact of these initiatives, as well as the Chemical People Project, Mothers Against Drunk Driving (MADD), Public Schools, Colleges/Universities, etc. have created heightened expectations for effective programming.

Because of this surge in requests for services, the demand is far in excess of our systems capacity. Generous increases over the past few years in our state appropriation have offset the final federal block cuts which took effect on 7/1/84. The Program Revision Request (PRR) of $2.8 million will give our system a capacity to impact the real demand for services instead of responding to offset federal cuts.

The major emphasis/expansion areas which comprise the Office of Drug and Alcohol Programs PRR of $2.8 million are:

- adolescent treatment;
- women;
- intervention and treatment services for juvenile DWI offenders;
- services for drug and alcohol abusing teenagers;
- joint efforts with Department of Mental Retardation;
- increased emergency services and availability of licensed shelters for public inebriate or clients who are not commitable under the Mental Health Procedures Act.

PUERTO RICO:

Prevention Needs:

- To re-establish the Humacao Prevention Center, thereby increasing services in the East part of the Island, at a total cost of $74,568.
- To provide two additional technicians for the Mobile Units to broaden coverage in the center of the Island and four additional technicians for the Centers in Fajardo and Guayama, 2 on each Center, at a total cost of $71,850.
- To intensify the mass media effort to carry a Prevention message to the majority of Island residents, at a cost of $34,500.
- To increase personnel in the Juvenile Restitution Program at a cost of $121,768.00.

Treatment Needs:

- Creation of a complete treatment center in the Eastern area. This would include a CEDE, a Drug Free Center for adults, children and adolescents. This center would cost $484,877.
- Establish a Drug Treatment Center for Alcoholism in Manati at a cost of $68,597.
- To increase the staff in the Driving While Intoxicated Program (DWI), at a cost of $86,052.
- To establish a specialized treatment center for women in the rural area in which the rehabilitation phase must be emphasized through an intensive program of education and training.
- To set up a program of orientation, treatment and training for the elderly with a problem of drug addiction or alcoholism.
- To provide a telephone line for orientation services attended by specialized personnel.
- To expand the prevention services through the establishment of ex-addicts associations who serve as counselors and preventive elements.
- To establish specialized module units of addiction services in the health centers of the Health Department in all the municipalities of the Island.
- To strengthen the treatment modules in the penal institutions and to set up new modules in the

institutions needed.

- To expand services in or to the Courts of Arecibo, Aibonito, Caguas, Mayaguez and Aguadilla, as well as to the Industrial Schools for Girls at Ponce and Boys at Mayaguez. Present staff is required to cover three or four areas within their scope of work, thereby, decreasing the level of service available to all clients. This could be achieved at a cost of $78,116.

RHODE ISLAND:

Of the estimated 58,000 to 64,000 alcohol troubled people in Rhode Island, approximately 10,000 people are currently receiving alcohol treatment services. There are an estimated 24,000 people abusing drugs other than alcohol and 2,500 people are currently receiving drug treatment services. One substance abuser affects the lives of three or four people significantly enough to require intervention for these people also.

In 1983, the United Way conducted a major Needs Assessment which "confirms that abuse of alcohol among adolescents is a major problem in Rhode Island." The abuse of drugs other than alcohol also ranked among the fifteen (15) problems identified in that assessment. The following trends were also identified:

- School superintendents confirmed an increase in alcohol abuse among younger children and indicated that experimentation is beginning in younger age groups, with alcohol often stored in students' lockers.
- Hospital and emergency room administrators report that they are seeing abuse of alcohol in younger age groups.
- The Director of the Department for Children and Their Families cited alcohol abuse as a major problem among those for whom the department is responsible, especially those at the Training School.

The Division of Substance Abuse has identified the development of a comprehensive plan and service system to address the needs of children and adolescents as an objective in the Substance Abuse State Plan.

SOUTH CAROLINA:

In recent years, local and central monies have fallen far short of alcohol and drug service need. The local money has fallen short because of a smaller than anticipated increase in minibottle revenue earmarked for services. State or centrally controlled monies have fallen short due to a combination of Federal fund reductions, inflation and State reductions. When inflation was considered, State money, exclusive of minibottle but including Federal funds, actually decreased by 20.3 percent between FY 1978 and 1984, a period when the number of clients receiving direct services increased by 27.7 percent to 33,144 from 24,031.

The South Carolina services system is efficient. In fiscal year 1984, 295,730 hours of outpatient treatment hours, 1,378,944 hours of residential care and 2,973,375 hours of service were provided. This was done at a cost to the state of $6,859,138, or $2.31 per hour. This efficiency was gained through the combination of local responsiveness and centralized accountability.

Priority needs identified by the State of South Carolina include:

- Increased funding to local governing bodies which provide services and identify local needs;
- Extension of prevention projects in schools, colleges, universities and communities;
- Support for intervention projects to demonstrate the efficiency of working with problem youth in institutions throughout the State including the John De La Howe School and the S.C. School for the Deaf and Blind;
- Expansion of the School Intervention Project in grades 7-12;
- Additional personnel to reduce current delays in enrollments and assessments conducted through the Alcohol and Drug Safety Action and Pretrial Programs; and
- Continuation of outpatient services for indigents.

TEXAS (ALCOHOL):

To demonstrate the unmet need for prevention and treatment services the Texas Commission on Alcoholism (TCA) submitted to the State legislature a budget that included an Activity Decision Package. The package contains requests for: an increase in the number of intensive prevention programs for children of alcoholics and school and college students; funding to train staff of community organizations and conduct Statewide workshops to increase the skill levels of prevention, intervention and treatment providers; funding to continue effective community-based treatment and rehabilitation services and develop new services; funding to establish a network of community-based treatment and rehabilitation programs and activities that provide services for 43,734 persons abusing alcohol and services to their family numbers; funding to provide case finding, screening and referral, family education, and early intervention services to between 9,770 and 13,390 persons; funding to maintain and enforce minimum standards for the uniform operation of DWI Education Programs through certification and recertification of at least 108 programs serving all counties in the State, to increase the number of DWI offenders served by certified DWI Education Programs from 25,000 to 45,000 for each year of the biennium, and to process, evaluate and provide follow-up on 108 monitoring visit reports conducted on DWI Education Programs; to provide 573,200 employees, self-employed professionals, and their family members with access to employee assistance programs and peer intervention programs each year; and funding to meet legislatives mandates and promote operating efficiency by providing administrative, fiscal, auditing, personnel, licensure, certification, and general support services to the Commission.

TEXAS (DRUG):

The Governors Task Force on Inhalant Abuse reported that an estimated 80,000 Texans were using inhalants, mostly young people, yet Texas had no facilities designed for residential treatment of adolescent inhalant abusers. An opinion survey of participants at five regional drug abuse forums in 1984 showed that 98 percent of the respondents believed that drug problems in their community were serious and 89 percent believed the problem was growing. Also, our treatment contractors which maintained waiting lists reported thousands of clients waiting for admissions, while many large areas of Texas have no State supported prevention or treatment programs of any kind. Although the full extent of needs for treatment and prevention of drug abuse during 1984 cannot be determined due to insufficient data, these specific reports indicate some of the unmet needs in Texas.

UTAH:

To satisfy the unmet need for services the State of Utah has:

- Requested from the legislature an increase in funds for youth/adolescent treatment and early intervention. It is anticipated that $4 million will be obtained for this project through a tax on cigarettes.
- Conducted a small demonstration project for development of alcohol treatment services for Hispanics.
- Developed a new alcohol and drug prevention program for risk group of 18-25 years old.

VERMONT:

Vermont treatment programs are currently facing an increase in referrals from several services. Those include schools, the statewide EAP and the DWI Driver Rehabilitation Schools. Increased awareness on the part of the public and medical community is also contributing. Vermont currently has no specialized residential program serving women or youth.

Many programs are entering their third year of level funding and the need for increased resources is acute.

VIRGINIA:

We are experiencing an increasing demand for detoxification and residential services. Also, Virginia is in the process of developing a plan which will identify specific areas of need for alcohol and drug prevention and treatment services.

WASHINGTON:

Most counties do not have sufficient funds to provide outpatient treatment services that are tailored specifically for alcohol and drug abusing youth. Within the past year, the Bureau of Alcoholism and Substance Abuse has initiated and funded two pilot adolescent outpatient treatment agencies and two inpatient agencies for substance abusing teenagers.

We estimate that 25,000 adolescents need treatment for substance abuse, most of whom would benefit from outpatient treatment. During 1984, 751 juveniles were treated in specialized youth treatment agencies and 4,800 were treated in adult oriented facilities.

WEST VIRGINIA:

Our chief unmet needs are in the area of adolescent treatment services, including outpatient, day programming, and residential. Our emergency shelter system for the public inebriate should be expanded. More emphasis must be placed on prevention/early intervention programming.

WISCONSIN:

The Wisconsin Office of Alcohol and Other Drug Abuse recently submitted to the State legislature a budget request for several projects that would assist them in meeting the needs of the citizens of Wisconsin. Those projects included:

- funds to increase and expand existing prevention programs on American Indian Reservations;
- an expansion of treatment services due to an increase in intoxicated driver program referrals;

- funds for a pilot detoxification unit for adolescents (2 year pilot, 10 bed facility);
- an education program for correctional facilities which addresses physical and lifestyle effects related to chemical abuse;
- 5 - 6 trial human services facilitator positions to increase communication and understanding between counties and American Indian Reservations;
- increased funding for services to children and families related to adolescent alcohol and drug abuse; and
- targeted program allocations for long term support populations with a special emphasis for minorities and a community program for chronic alcoholics.

STATE NARRATIVE REPORTS OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1984

ALABAMA:

- The following changes have occurred in Alabama that have an effect on our system of substance abuse services: a) recent DUI legislation with stricter penalities has resulted in an increase in the number of persons referred to DUI schools; and b) The Alcoholic Beverage Control Board is encouraging legislation that will restrict the hours in which bars can promote "free drinks", "2 for 1 drinks", and "all you can drink".

ALASKA:

- In the last year the Governor has directed the State Alcohol and Drug Authority to reaffirm the Public Health model of responding to alcoholism. To carry out this directive the SSA received some allocation for a Statewide education program to promote the concept of alcoholism as a disease and abstinence as the accepted response. Other significant changes include the following:
    - First Governor's Task Force on Drunk Driving conducted.
    - Formal agreement established with the Department of Corrections for the establishment of an Inmate Counseling program in the State prison system.
    - Two new private treatment hospitals in the Anchorage area established.
    - Alaska's first major research project, Alcoholism Treatment Follow-up Study, completed and published.

ARIZONA (ALCOHOL):

- Eighteen percent increase in the number of clients seen (7,292 clients seen in FY 1984 compared to 6,193 in FY 1983).
- Fifteen percent more clients were served that were 18 years of age or younger than in FY 1983.
- All ethnic groups continued to be seen in percentages greater than their proportion of the Arizona population.

CALIFORNIA:

- During Fiscal Year 1984-85 the California State Legislature included an ongoing $500,000 appropriation within the Budget Act of the Department of Alcohol and Drug Programs for the express purpose of providing school based prevention services. This appropriation will follow the same guidelines as those identified in Senate Bill 1409, (the School/Community Primary Prevention Project (SCPPP) which was signed by Governor Brown on September 22, 1982, and chaptered 1285 of the 1982 Statute.

A major emphasis of the SCPPP is an interagency collaboration at all levels, beginning with the jointly shared program administration of the State Department of Education (SDE) and the State Department of Alcohol and Drug Programs (ADP). As required by the enabling legislation, the two state departments share the responsibility for both the fiscal and programmatic administration of the program statewide.

- Additionally, for fiscal year 1984-85, a Request for Proposal was issued for a community-based, non-classroom alternative drug prevention and/or early intervention program for special target groups such as women, ethnic minorities, high risk, high need, underserved and unserved populations.
- Several large counties have recently established Community (alcohol) Recovery Centers to provide integrated services to the community and to individuals. In such programs the traditional separation between prevention and direct services is reduced. Recovering persons and the wider community are encouraged to engage in both recovery and "prevention" activities.
- A recent statewide funding augmentation of $2.5 million has been allocated to county alcohol programs. Increased services to underserved populations are expected to result. The legislation which provided the augmentation also requires counties to include in their annual alcohol plans "criteria and methods for the distribution of funds, including a description of the alcohol service needs of women, adolescents, ethnic minorities, the elderly, the disabled and any other specific populations, a plan for how these needs will be met, both if new funds are available, and if no new funds are available. . ."
- The Department has established prevention as a major priority. A total of eight staff (four for alcohol prevention and four for drug prevention) have been redirected to the respective prevention units. We have also increased funding for alcohol prevention activities and established a number of demonstration and research projects.

COLORADO:

- Increased number of outpatient services due to dramatic increase in programs to treat DUI clients.
- More multiple substance abuse in general.
- Younger clients with more multiple substance abuse, more psychiatric disorders and more violent, acting out behavior.
- More cocaine mentions among treatment admissions.
- Increase in prevention efforts in high risk areas based on risk factor analysis.

CONNECTICUT:

- In the area of treatment, there have been no significant changes in the availability of services.
- In the area of prevention, the decrease in Federal funding has made it impossible to replicate any successful models, has precluded the development of a multi-level statewide prevention system and has focused efforts on trying to maintain the status quo.
- The development of citizen-based substance abuse task forces, which provide good community awareness, is putting stress on the system by emphasizing need. There are now 61 task forces in the State, although there are gaps in the cities and very rural areas. These groups actively promote substance abuse education programs, lobby for expanded school curricula and sponsor safe rides and alternative activities for children.
- A number of groups with specific concerns around DWI issues have also developed in the state (such as SADD, MADD, RID), however, their philosophies often clash. In addition, a number of established community organizations, such as the ELKS, Jaycees, and Jr. Leagues, conduct community awareness campaigns and put resources into local pet projects.

DELAWARE:

- Delaware made two significant changes in services provision during Federal Fiscal Year 1984. The first was a clarification and restructuring of the contractually provided prevention and outpatient services statewide. The services relationship and responsibility of prevention provider and outpatient provider was defined and specified while retaining necessary operational flexibility. A single statewide prevention provider was contracted for the consolidated services previously provided by three smaller units. Outpatient services were consolidated to allow combined alcohol and drug abuse outpatient services to be provided under a single contractual agreement. In addition, outpatient treatment areas were created, resulting in a reduction in contractual service providers from six to four.

  The second major change involved funding of outpatient services. A unit-of-service payment for services rendered, closely approximating a true fee-for-service arrangement, placed an older actual-cost reimbursement system. This change resulted in a more accurate measurement of services delivered and provided outpatient contractors with increased incentive to provide efficient delivery of services. A secondary benefit was an increased incentive to develop a billing and fee-collection mechanism capable of significantly increasing provider revenues.

DISTRICT OF COLUMBIA:

- Numerous changes occurred in alcohol and drug abuse prevention and treatment services in FY 1984 in the District of Columbia. To promote the movement of clients from dependency to self-sufficiency, the District expanded abstinence treatment and community prevention activity in FY 1984. Inadequate funding and a high incidence of substance abuse encouraged initiatives with private industry and the implementation of new programs. The following were among the significant changes in FY 1984:
    - A community initiative in City Wards was designed to further the development of Ward Task Force groups to deal specifically with substance abuse problems in City Wards.
    - City support and increased networking was fostered among private vendor contractors. This initiative also was a strategy to combat the high incidence of PCP abuse in FY 1984.
    - Services were expanded in three new comprehensive facilities to treat substance abusers. One of these is a comprehensive abstinence program.
    - Plans for an inpatient detoxification unit for youth were developed to treat adolescent drug abusers and to comply with legislation prohibiting the treatment of adults and adolescents in the same facility.
    - Inadequate funding an unmet needs have necessitated greater emphasis no collaborative efforts between agencies and between government and private industry.
    - Legislation was introduced to require health insurance coverage for treatment of drug and alcohol abuse and to earmark a portion of lottery revenue for government efforts to prevent and treat substance abuse.
    - Plans to evaluate and expand employee assistance coverage were initiated in the District.

HAWAII:

- A five year funding trend study (FY 1983-87) shows increased expenditures in all components of care (assuming our Block is maintained at current level and State funding increases at least by cost of living over the next biennium) but a greater increase in prevention (prevention, 183% increase; outpatient, 57% increase; residential, 21% increase).
- Since FY 1983, Hawaii has moved toward true community-needs based planning and, as a result, line staff and the community-

at-large seems to see more cost effectiveness in prevention than in treatment.

ILLINOIS:

- The most significant change in the available array of drug and alcohol treatment services in FY 1984 was the increase in alcoholism services targeted toward youth. Through the Youth Initiative, three demonstration projects were started which are intended to determine the nature and types of comprehensive services needed in various geographic settings to accommodate the needs of adolescents for services. Where possible, these services are being coordinated with other youth services including drug abuse treatment and prevention services.

- Administratively, FY 1984 saw the implementation of the merger of the administrative units for drug and alcohol services in Illinois making July 1, 1984 the effective date for the start of the Department of Alcoholism and Substance Abuse.

IOWA:

- As evidenced by these figures, Iowa citizens became more aware of the importance of substance abuse prevention and treatment:

  - From January to October 1984, there were 127 alcohol-related fatal crashes compared with 179 for the previous year period. The Governor's Highway Safety Office attributes the change to publicity and impact of the Highway Patrol's safety check points, administrative revocation of drunk drivers' licenses, and youth programs.

  - More than 100 additional parent/community groups organized to reduce use of chemical substances among Iowa youth. In addition, in the spring of 1984, 140 communities sponsored drug/alcohol-free graduation parties. These parties significantly reduced driving accidents in the localities where they were held.

  - The State Legislature more than doubled the State appropriation for FY 1985 substance abuse services.

KENTUCKY:

- On August 16, 1984, the Governor of Kentucky established a Department of Mental Health and Mental Retardation Services. Within this department a new division was created, the Division of Substance Abuse Services (formerly Substance Abuse Branch). This elevation in bureaucratic status was accompanied by an administrative shift of approximately $1.7 million from the Department of Social Services to the Department for Mental Health for community-based substance abuse programs. This shift in administrative control coupled with an increase in State Alcohol, Drug, and Mental Health Block Grant funding resulted in a 10% funding increase for alcohol and drug service providers.

- Increases in service allocations were concentrated in alcohol and drug non-medical detoxification services and in non-hospital residential services. There was a significant shift of funds from alcohol and drug consultation and education (C & E) into drug prevention. This was partially due to 5 centers not applying for C & E grants. Another change in the service delivery system for prevention service was the administrative requirement for prevention subcontractors to submit a plan for services, to have service rates established, and to render services on a fee for service reimbursement system. For the current FY, there is a minimum requirement of $21,000 allocated per plan for each of our 14 regions. These plans are being reimbursed on a cost reimbursement grant basis. This change occurred because several centers could not access their allocation on a fee for service basis.

- During FY 1984, the Kentucky War on Drugs, Inc. coordinated the Chemical People Project. Over 100 community task forces participated in the program. Kentucky War on Drugs established contact with these groups and provided consultation, education and networking support. Due to financial problems, Kentucky War on Drugs curtailed operations in the spring of 1984. Many of the support functions have been absorbed into state government and by the Community Mental Health Center network.

- During the 1984 General Assembly considered improvements to the Driving Under the Influence (DUI) statute, drug forfeiture legislation and decriminalization of public intoxication. The DUI law initiates new education and treatment opportunities for convicted drunk drivers. The criminal forfeiture legislation permits the award of funds generated from confiscated property with alcohol and drug treatment and prevention programs. The decriminalization of public intoxication law has been targeted for implementation or legislative action in 1986.

LOUISIANA:

- The 1984 Louisiana Legislature passed legislation establishing the Office of Prevention and Recovery from Alcohol and Drug Abuse as an agency separate from the Office of Mental Health. The Office now has new leadership dedicated to prevention and recovery. This new leadership has created new enthusiasm for new initiatives and planning. The Office has developed a six-year plan with a long-range goal to ameliorate the problems associated with alcohol and drug abuse through the Statewide provision of services ranging from prevention through effective mobilization and coordination of resources to the provision of care to the individual substance abuser and his/her family.

MAINE:

- No significant changes in the treatment system were made during the previous fiscal year, nor are any planned for the current fiscal year.

- An increase in prevention programming was initiated in the spring of 1984 resulting in five new prevention programs representing $125,000 in ADMS Block Grant funds.

MARYLAND (DRUG):

- Changing demands being made on the Maryland drug abuse services system include a rapidly increasing incidence of cocaine abuse and a growing number of younger heroin addicts among indigent persons. The Drug Abuse Administration is currently operating with a funded treatment capacity of 2,600 chemotherapy slots, 800 slots less than the estimated treatment need for 3,400 slots. In addition, methadone maintenance programs are operating at an average of 105% of funded capacity and monthly program waiting lists average an additional 200 potential clients Statewide.

MASSACHUSETTS (ALCOHOL):

- Increased arrests for drunk driving under the revised drunk driving law have led to increased caseloads in driver alcohol education programs, outpatient programs, and 14 day confinement in residential treatment programs. Also, the State of Massachusetts is launching a new effort to establish eight regional youth residential treatment programs (at 20 beds each) for alcohol and drug abusing adolescents (ages 16 to 19).

MASSACHUSETTS (DRUG):

- In FY 1983 the Division completed a statewide request for proposals to provide drug treatment and prevention services for FY 1984. There were no significant changes in the purchase of services at the State level.

MICHIGAN:

- During the past year Michigan has continued its slow recovery from the economic difficulties resulting from the recent nationwide recession. Substance abuse remains at high levels within Michigan's populations.

- The substance abuse services network is providing services to more clients than ever before. Admissions to state funded treatment and casefinding services topped 100,000 over the past fiscal year; this is up from 75-78,000 annual admissions trends over the prior three years. The majority of this increase is due to intensified efforts to deal with drunk driving.

- In terms of other drugs of abuse, heroin continues to be a major problem, particularly in southeast Michigan. There are increasing indications of problems with other opiates such as dilaudid and codeine. Cocaine indicators are up sharply; admission to treatment are twice that of the prior year.

- Efforts to encourage the establishment and involvement of parent and school groups in prevention have been quite successful and a major initiative in grade school health education has been very well received.

MINNESOTA:

- In FY '84 the State set aside funds to assist in developing prevention programs in facilities for higher education.

- Various cost containment efforts in both the private and public sector have also resulted in an overall decrease in the amount of chemical dependency services delivered in Minnesota.

MISSOURI:

- During FY '84 there was a small ($458,622) increase in federal funds for alcohol and drug abuse services from the jobs bill.

- A revision of Missouri's DWI laws resulted in the rapid expansion of Alcohol Related Traffic Offender Programs. The Division of Alcohol and Drug Abuse assumed the responsibility for approving these programs.

- The decrease in use of "T's and Blues" observed in 1983 has continued through 1984.

- The Division provided all training to vendor personnel via contractors for the first time.

MONTANA:

- State approved programs are basically funded by the earmarked alcohol tax and federal block grant funds. The earmarked alcohol tax is tied directly to the volume of alcoholic beverages sold in the state and is distributed to the counties based 85% county population/15% county land area to total state population and area. Federal block grant funds are awarded to local programs on a competitive contract basis. The 1983 legislature authorized the expenditure of ADMS Block Grant carry over funds to alleviate any shortfall of earmarked alcohol revenues during FY 1984. This action maintained the current services level in FY 1984, but, will not maintain the current services level in FY 1985.

  Essentially, a one-time infusion of Federal funds offset the reduction of alcohol earmarked tax this biennium, but such infusion will not be available again in the foreseeable future. Unless the funding mechanism for chemical dependency programs is changed, a continued decrease in the consumption of liquor will result in a reduction of funding available to chemical dependency programs which depend upon public funding.

Due to the above funding problems, the department has encouraged State-approved programs to generate additional revenues from fees paid by those persons to whom services are provided. Legislation passed by the 1983 legislature which requires insurance coverage for alcoholism and drug abuse treatment may assist the programs in their efforts to generate additional services fees.

Based on information and common problems identified in county plans, program performance documentation, legislative priorities and the current funding situation, the department has identified four long term priorities: (1) maintaining the current level of services, (2) maintaining the quality of services, (3) allocating resources to ensure efficiency, and non-duplication, cost effectiveness and availability of services, and (4) encouraging local communities and State-approved programs to play the primary role in the development and implementation of prevention activities.

NEBRASKA:

- There have been no major changes in the alcohol/drug programs within the State. Funding for services has remained constant over the past two years, so no disruption or expansion in services has occurred. Our management emphasis has changed from support for two separate systems (one for drugs another for alcohol) to funding programs for provision of substance abuse services. One major piece of legislation which raised the legal drinking age to 21 was passed by the legislature. Voluntary groups (MADD, PAN, etc.) have expanded their efforts in the State and increased their activities in the areas of legislation, court watch, and public education.

NEW HAMPSHIRE:

- Although many believed financial constraints would impede meaningful progress during FY 1984, several gaps in New Hampshire's Comprehensive Continuum of Care were addressed for the first time and notable achievements in the prevention/education sphere were realized as well. Among these milestones were the following:
    - On-going services notably enhanced. The combination of education, prevention, intervention and treatment efforts conducted by the Office of Alcohol and Drug Abuse Prevention (OADAP) or with its assistance reached over 95,000 citizens.
    - The Impaired Driver Intervention Program was planned, developed, and placed into operation entirely during the Fiscal Year. The program is an innovative, informational and introspective training concept for

individuals convicted of operating a motor vehicle under an alcohol or drug influence.

- Contract monitoring and service evaluation capabilities were markedly upgraded. Increased automation has underscored this effort and is now fostering the redesign of reporting and evaluation mechanisms to ensure more efficient information management and utilization.

- A commitment to provide third party benefits for the State's alcohol and drug dependent residents from the private sector was achieved. New Hampshire's largest provider of medical insurance, Blue Cross/Blue Shield, agreed to offer such coverage beginning in 1985.

- The first sobriety maintenance center opened its doors and has continued to exceed expectations. It represents an important way station for recovering alcoholics along the treatment path, filling a void previously left up to other unrelated community resources.

- Efforts toward establishing a halfway house for women finally reached fruition. A contractor was selected and is scheduled to be fully operational in early 1985.

- Teen Institute, an intensive week-long educational program concerning substance abuse, was operated on a trial basis. A total of 60 youths, each a potential leader, were in attendance. The event was funded through scholarships granted by the private sector with staffing provided entirely by volunteers. The program was successful and is now part of the permanent prevention scene with another session scheduled for FY 1985.

- The New England Institute of Alcohol Studies, an instructional program for professionals and interested persons alike, was hosted at New Hampshire's Keene State College. The six (6) New England states rotate this responsibility each year. Advanced training for alcohol and drug abuse professionals, a special track for medical students, and introductory courses for those just entering the field were among the featured elements offered. There were 435 students enrolled at this session, the largest in the Institute's 15-year history.

NEW JERSEY

- o Increased funding provided by alcohol tax.
- o Transfer of alcohol countermeasures from Division of Motor Vehicles to Division of Alcoholism.

- Transfer of 12 treatment centers from State ownership to private ownership.

NEW YORK (ALCOHOL):

- There were no significant changes in State FY 1984 (4/1/83-3/31/84), however, effective in State FY 1986 (4/1/85-3/31/86) the Division will introduce new program categories into the existing alcoholism service delivery system.

NEW YORK (DRUG):

- The transition from categorical to block grant funding resulted in a drastic reduction in Federal funds for drug services in New York State. In FFY 1980, for example, approximately $31.6 million was made available within the State through categorical grant programs. By comparison, approximately $19.2 million and $21.3 million for drug program services was received under FFY 1982 and FFY 1983 ADMS Block Grant.

  During the first two years of block grant operations, the New York State Division of Substance Abuse Services has been able to minimize the impact on our treatment/prevention network by utilizing remaining categorical funding, increasing third-party revenues and implementing various cost containment measures. We have also been forced to cut funding for certain ancillary services and, in several instances, have reduced treatment capacities. Continued Federal cutbacks in funding will further restrict the ability of the Division to maintain existing service levels at a time when increased treatment and prevention efforts are needed.

NORTH DAKOTA:

- No significant increase or decrease in services. Best characterized as retrenchment of clinical services in public treatment centers.

OHIO:

- Last year the Governor established the Ohio Recovery Council to examine the separate alcohol and drug systems and to decide whether it would be appropriate to merge them into a single program. Currently, the Bureau on Alcohol Abuse and Alcoholism Recovery is under the auspices of the Ohio Department of Health, and the Bureau on Drug Abuse is under the Department of Mental Health. The Ohio Recovery Council has submitted its recommendations to the Governor and a decision is to be announced on December 19, 1984.

- Within the area of alcoholism, DWI legislation was passed which requires suspension of drivers' licenses of persons convicted of driving while intoxicated. It also established procedures for pretrial suspension of licenses upon being arrested for DWI, established driver intervention programs in lieu of jail and requires such persons to pay a seventy-five dollar license reinstatement fee to the Ohio Department of Health through the Ohio Bureau of Motor Vehicles. These license reinstatement fees were received later in the fiscal year, and were therefore budgeted in state Fiscal Year 1985 for treatment of indigents. Thus far, the Bureau has received less than its projected amount.

- For the past few years the Bureau has been receiving funds from the Department of Liquor Control -- 1 1/2% of the gross liquor profits and 20% of the permit fees. However, in FY 1984 the alcoholism program received approximately $200,000 less than projected which could result in cutbacks for treatment and prevention services. It is expected, due to a decline in liquor sales, that we will experience a continued reduction in liquor funds for fiscal years 1985, 1986 and 1987. The sudden increase in funds, however, from license reinstatement fees have temporarily offset this slight reduction in liquor funds.

OKLAHOMA:

- All treatment programs were reduced 1.9% by the end of FY 1984. As a result the number of clients which the programs were able to serve decreased as well as the amount of services provided. Two new programs were initiated in the Eastern Region, one in Muskogee and one in Tahlequah. The programs started with outpatient components with an expansion plan for day treatment and residential care.

OREGON:

- The 1983 Oregon State Legislature directed the Mental Health Division to conduct a systematic review of alcohol and drug programs in the State including an evaluation of program quality and effectiveness; an analysis of the service delivery system; and an examination of related funding sources and formulas. The Committee, which was composed of nine independent volunteer citizens, made the following recommendations:

    - The legislature should establish major goals for the State of Oregon regarding awareness, prevention, intervention, and treatment of alcohol and drug abuse;

    - In a manner similar to the Health Division of the Department of Human Resources, local programs for alcohol and drug abuse should receive State funds only as they address the legislatively established goals and approved State program priorities;

    - The Office of Programs for Alcohol and Drug Problems, now within the Mental Health Division, should be established as a separate division within the Department of Human Resources;

- The Alcohol and Drug Division should establish standards for personal licensure and program certification with required periodic review of individuals and programs;
- An Advisory Board should be established by the Legislature for the Alcohol and Drug Division;
- The Alcohol and Drug Division should institute a program for continuing evaluation of clients following completion of treatment programs;
- A new emphasis is needed by the State to see that training is provided for all State employees dealing directly with clients to ensure better recognition and understanding of Alcohol and Drug Problems. This training should also be directed to increasing knowledge of appropriate and available resources for assisting clients with alcohol and drug problems;
- There should be created an interagency Committee with membership representing all State agencies having involvement with alcohol and drug abuse problems;
- The Committee recommends the Alcohol and Drug Division be given funds and authority to audit county expenditures of local alcoholism treatment fees and contributions for alcoholism treatment programs;
- The Committee strongly recommends the establishment and support of local councils on alcoholism and drug abuse in all relevant communities as the main vehicle for information and referral.

PENNSYLVANIA:

- For the 1983/84 State fiscal year, the drug and alcohol system absorbed a 4.5% reduction in Federal allocations and more severely in 1984/85 the system was faced with a 20% decrease in overall Federal funding made available for local programming. The treatment part of the system was most affected by the last phase of planned reductions. The funding cut in treatment services represented an approximate 25% decrease in 1984/85 from the previous year's allocation level. The urban areas of the State were hit the hardest of these reductions. The requirement that the States maintain 20% of the Block Grant funds for prevention and early intervention resulted in a small allocation increase for that year for those service activities.
- For the 1984/85 fiscal year, the Office of Drug and Alcohol Programs (ODAP) used a part of the increase in State

appropriated dollars to offset the deficiencies in Federal treatment dollars. ODAP was able to allocate $1.3 million to offset, on a pro rata basis, Federal treatment funding losses. An additional $200,000 was utilized as additional assistance to increase funding in twelve select areas hit the hardest by the entire Federal loss. The system also received a 4% general allocation increase in State discretionary funds to further assist placement of dollars in service areas most impacted by the overall Federal cut.

- On July 1, 1984, the Office of Medical Assistance (OMA) implemented a DRG (Diagnostic Rehabilitation Group) payment system which affected drug and alcohol detoxification, substitute treatment services provided in hospital based programs. Also, effective September 1984, the OMA put into place a client co-payment program which reduced the State's medical assistance service cost liability to drug and alcohol outpatient clinics.

- During Fiscal Year 83 ODAP satisfied the requirement of the Federal initiative for the Jobs Bill Program, however, because of the proposed funding decrease for 1984-85, ODAP discontinued providing separate financial allocations for that program.

- ODAP introduced DUI Group Intervention workshops statewide to substitute/explain the proposed model for this type of service activity and followed through with a pilot study of the group intervention model for DUI offenders in seven select areas.

- The Governor's Budget for July 1, 1984 contained $4 million for a new social grant to counties. The Human Service Development FUnd (HSDF) has been set up to serve as a complement to existing categorical programs in a manner similar to the revenue sharing concept. The fund is designed to allow each County to fill in service gaps and make the overall human service system more comprehensive to local needs. Local drug and alcohol services are eligible to receive money from this fund. Initial estimates indicate that the community-based drug and alcohol programs have received direct and indirect benefit from this initiative totaling over $500,000.

RHODE ISLAND:

- Division of Substance Abuse utilization data indicates that the outpatient service level for children and adolescents is rapidly increasing. The Division of Substance Abuse has established a systematic continuum of drug and alcohol prevention services specifically targeting children and adolescents.

SOUTH CAROLINA:

- An increase of $1,000,000 of State block grant funds was made available by the State legislature for flexible funding at the county level. As well, an additional appropriation of $643,000 was made in order to implement the school intervention program (ScIP) statewide. Also, an additional $800,000 for statewide treatment needs was provided by the legislature.

- o Licensing was moved to the Department of Health and Environmental Control from the Department of Mental Health along with law to mandate licensing of outpatient programs.

- o College and university funding was expanded to eight institutions and the first annual Teen Institute was held in the summer.

TENNESSEE:

- o Significant changes in fiscal year 1984 for alcohol and drug abuse services were as follows:

  - The Division requested and received budget improvements in two areas: (1) 5% budgetary increase to each funded program for inflationary cost; (2) $500,000 was approved to provide the first (15) fifteen bed publicly funded adolescent residential treatment facility in the state. This facility is designed to provide intense treatment for 3-4 months with aftercare services in the youth's own community for at least one year. Family therapy and support groups are major components of this treatment service.

  - In 1984, we now spend more time offering technical assistance to programs, particularly to those programs that are continuously deficient in certain areas. This technical assistance has increased through a closer working relationship between the Division and agencies.

  - A Governor's Task Force on Youth, Alcohol and Drug Abuse was established in Tennessee. The charge to this Task Force is to assess the current services available to youth across the state, identify areas in which services are needed and delineate the resources necessary to provide a comprehensive alcohol and drug prevention plan of action.

  - A Prescription Drug Abuse Task Force concerned with arresting the misuse and abuse of prescription drugs was established this year. The committee has agreed to pursue this goal through two major activities: (1) by developing a close cooperative network among the agencies and groups represented on the task force, including implementation of the American Medical Association PADS Project; and (2) by stimulating drug abuse awareness and education throughout all levels of the Tennessee community.

- Two of the major regional areas received one (1) medical detoxification bed support from the Division. Previously, no publicly funded medical detoxification beds had been identified in those areas.

- State support of local parent groups increased from two in FY '83 to four in FY '84. Funds were also made available in FY '84 to a contracted agency to assist local parent groups with technical assistance and training in community organization.

- Each state supported agency or community mental health center's contract requires that 5% of the total outpatient A&D slots will be allocated for adolescent treatment services.

- One new site for the Highway Safety Project was funded for FY '84. A total of four programs provide a comprehensive community approach to dealing with youth and drinking.

- In August of this year, new legislation became effective making 21 the legal age, but allowing those who were 19 or older when the law took effect to continue being allowed to purchase alcohol. The law also exempts anyone on active duty in the armed forces and any 19 or 20 year old who purchases liquor in the presence of a parent. In some areas, establishments are choosing not to serve anyone under 21 regardless of their date of birth.

TEXAS (ALCOHOL):

- o During 1984 Texas noted a significant increase in demand for treatment services. A stricter DWI law took effect January 1, 1984 which required persons convicted of DWI to be screened and referred into treatment, when appropriate. We are already seeing the impact of this law in the lack of available services in many areas. In addition, this law is resulting in a growth in outpatient services, particularly by private providers. Many of those convicted of DWI still have jobs, and they are willing to go into outpatient services, since they would not have to lose time off work as in residential treatment.

- o Three new divergence programs have opened to take public inebriates from the criminal justice system into treatment, and the support of these programs by the local communities and law enforcement personnel has been noteworthy. These programs are part of the Texas Commission on Alcoholism's (TCA's) emphasis on community-based services rather than institutional care.

- o The Texas state mental hospitals are under court order to increase the staff/patient ratio. This will either be done by hiring more staff or decreasing the patient population, and considering the State's fiscal crisis, the latter will be the probable solution. This will have a direct impact on the alcoholism treatment field, since it will mean fewer alcoholics can enter the state hospitals and more demand for services will be felt by local programs.

- In the prevention field, there is a growing recognition of the problems faced by children of alcoholics. TCA is funding some pilot programs, and more and more data is becoming available to show the scope of the problem. Our statewide survey projected over 1.8 million children of alcohol abusers as needing prevention services, and there were 1,253 children living in the homes of alcoholics who were admitted to treatment during September and October, 1984. We expect the demand for services for these children to continue to increase.

UTAH:

- The State DWI laws have been strengthened giving Utah the distinction of having some of the toughest DWI laws in the nation. In addition, the SSA was awarded an increase of $2 million to fund prevention activities. That amount is all State funds.

VERMONT:

- In FY '84 Vermont mandated that its treatment contractors treat referrals from K-12 schools as a top priority. The mandate insures that no child referred as a result of State required alcohol and drug awareness programs would go without professional help. No funds were allocated for this purpose. When all Vermont schools implement the 1983 requirement to have K-12 comprehensive alcohol and drug curricula in place by 1987, subsequent referrals will change the profile of the Vermont treatment program.

VIRGINIA:

- We are experiencing an increasing demand for detoxification services and we expect this, along with residential services, to be represented in the needs expressed by community service boards. Also, related to the detoxification development issue, we are attempting to facilitate reduced use of State facilities for detoxification and treatment of substance abusers. Community services boards are working with local general hospitals to gain access to services for substance abusers requiring medical-based detoxification. Community-based or social-setting detoxification programs were developed in two health system areas as alternatives to state facility usage. BY virtue of a Departmental focus on prevention and inter-agency cooperation, the Departments of Motor Vehicles, Mental Health and Mental Retardation and Education have collaborated on youth program development. Also, a multi-agency effort focuses on prevention activity coordination.

- This year a Governor's Council on Alcohol and Drug Abuse Problems was established and will provide a forum for statewide, broad-based consideration of these problems and their relationship to a variety of State agencies.

WASHINGTON:

- Major changes in alcohol and drug abuse treatment and prevention services were:
  - Youth Programs. In response to widespread demand for special treatment services for alcohol and drug dependent youth, the Bureau of Alcohol and Substance Abuse (BASA) is providing financial assistance to agencies for this service. Treatment is provided in inpatient and intensive outpatient settings.
  - BASA was authorized to spend $865,000 per year on prevention services. $800,000 went to counties on a per capita basis. The remainder was used to expand the support network for prevention services.
  - Driving While Intoxicated (DWI) legislation required the Bureau to develop DWI Assessment services. Staff was increased, a testing instrument was developed, program standards were established, and 105 facilities were approved to conduct assessments in DWI cases.

WEST VIRGINIA:

- An influx of public inebriates and DUI violators has strained our current treatment system. This is a result of legislation requiring emergency care for the public inebriate and mandatory commitment to the DUI program for a blood alcohol of .10 or above. In addition, a series of court orders have resulted in a shift of emphasis. The first priority service group is the chronic alcoholic.

WISCONSIN:

- In FY 1984 the Wisconsin Office of Alcohol and Other Drug Abuse was able to maintain services. More of the available treatment services, however, are being utilized by DWI-related referrals. As of the end of 1984 less emphasis is being placed on inpatient treatment, with more emphasis being placed on intensive outpatient and community support services. Increased emphasis is also being placed on prevention activities, employee assistance and student assistance programming.

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